MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DEATH 44

65	CERTIFICATE OF	

Reg. Dist. No.

- 6		T				
	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (NO. STATE	where deceased lived	b. COUNTY	ce before admission)
	b. CITY OR TOWN of outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate li	mits, write RURAL and g	give nearest town)
	Takoma Park	DOA	Wash	inaton	11. D.C	
	d. NAME OF HOSPITAL (If not in haspital) give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	-11+	1 n N	. E . IS RESIDENCE
	Unshington Janitarium	+ Hospital	5/10 r	ort lot	ten Ur	YES NO
	3. NAME OF DECEASED (Type or print)	Middle	Mala and C	4. DATE OF DEATH	Month	Day Year
}	1\2	2/10/10/14	DATE OF BIRTH		TE LINDER	19 5 7 1 YEAR IF UNDER 24 HRS
	5. SEX 6. COLOR OF RACE [7. MARRIE WIDOWED	7	Sept 22 18	S XXX	A A CONTRACTOR OF THE PARTY OF	Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS, OR INDUST	TRY 1. BIRTHPLACE (Sto	W-	12. CITI	IZEN OF WHAT COUNTRY?
1	during most of working life even if retired)	Barber	Hagers	stown	MA	11.5.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN		194	LAV.
1	Amos Adams		11	0/000	1.10000	
ł	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI	OCIAL SECURITY NO. 17 IN	FORMANT MIS.	Genevieva	L. Address	
Ì	(Yes no. or unknown) (If yes, give war or dates of service)	no 11/110-0	1	selle vieva	L. Ayamay	hospitall
I	70	17-19-4707	H WIte	of ge	ceased 4	records
1	1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]		1-1	-	INTERVAL BETWEEN
ł	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute coror	can y	co luce	ion	Origin Arth Death
1	4 40. DUE TO		1		-	
1	Conditions, if ony, which)	lanear V.	-4	Ten -	alismi	5207
ı	gove rise to immediate	gorarac y	esi bio	C. 4	10000-2	1
١	couse (a), stoting the under-					
١	lying cause last.) (c)					
ı	PART II. OTHER SIGNIFICANT CONDITIONS CO	MIRIBUTING TO DEATH BUT F	NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PART	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	. (Enter noture of injury i	n Part I ar Port II af	item 18.)	
1	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJ	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or to	wn) (C	county) (Stote)
1	20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. 19 While of work	Not while fact	ary, street, office bldg., e	etc.)		
1		11/19	10 (6)	1, 16	59	
ı	21. I certify that I attended the decease	8	1927.10	7-1-1-		ast saw the deceased
ı	alive on 4 17 199	, and that death	accurred at 7			ne date stated abave.
ı	Lacous / Colo de de		3419	ADDRESS (Street, o	city or town, state)	DATE SIGNED
ı	SIGNATURE - G- FOC	N	ID. 8710	Slove	ea lee	4/20/5
۱	PHYSICIAN'S PHILIPPE A PARTY	1.1.	Setu	+ 2 Wm	-	/////
1	NAME (Type) ETRIL GROKE	EHARDY			7 74	
F	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	city, town, or county)	(State)
1	REMOVAL (Specify) BURIAL 4/23/59	CEDAR HILL CE	METERY		GEO. COUNTY	
1	TOTAL DIRECTOR'S CONTACTOR	ADDRESS	24- 05	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	
	WARNER E. PUMPHREY, INC.	SILVER SPRING	DATE			
1	Kaymand W. Bustea.		DAIE	APR 2 2 '59	arthur 8	, Totale

may be retained in the haspital or attending physician.

• FUNERAL DIRE: After this certificate has been signed by the attending physician and campletely filled in by the performance of shauld be defined for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. NDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR may be retained TO FUNERAL DIRECTORES VS A15 (4) 15M 9/55

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		an in account the	
SAA		THE RESIDENCE	
			- CAROLINA CAROLINA

FOR STATE

HEALTH DEPT. Poge Files. Heolth,

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40 TO DEPUTY MEDIC W. EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certification withing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral direct a should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 44 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04455 Reg. Dist. No

	9
1. PLACE OF DEATH O. COUNTY Montgomery Maryu	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN (If autside carparate timits, write RURAL and give negres) fown)	
Bethesda 41 days	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Suburban Hogp	e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Sarah R. Addis	Son OF April 26, 1959 19
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	O /3 /3 OFFO fort birthday) Months Bour Mours Min
10a. USUAL OCCUPATION (Give kind of work done of the transfer of working life, even if refired)	Maryland 11. BIRTHPLACE (State or foreign country) Maryland USA
Walter D. Addison	14. MOTHER'S MAIDEN NAME Mary Keppler
(Yes, no, or unknown) (If yes, give wor or dates at cervice) (16. SOCIAL SECURITY NO. 219-36-7537	17. INFORMANT Address Hosp. Record
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	ED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While of work at work at work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described opinion death resulted from: Natural causes [], Accide ACTUAL SIGNATURE REMAINS ACTUAL SIGNATURE	
EXAMINER'S NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER 3 4/27/59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER) 4/28/59 Louden Pa	ark Baltimore Md.
23. FUNERAL DIRECTOR'S SIGNATURE 4739 Baltomore A	
F. Gasch's Sons Hyattsville, Md.	DATE APR 3 0 '59 Chilhy & thous

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リ生士リリ Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (W		ed lived. If instituti b. COUNTY		ce before odi	
	ntgomery (If autside carporate limits, neorest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orote limits, write R			
	esda		X Beth	esda				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, giv		/d. STREET ADDRESS	A 7 -2	notes D		10	RESIDENCE N A FARM?
	Arlington		1 /402	_	ngton R	oad	163	□ NO X
3. NAME OF DECEASED (Type or print)	CORDELIA	Middle G. AL	BAUGH	4. DATE OF DEATH	April 23	3,	Day	Yeor 1959
5. SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR IF UI	NDER 24 HRS
Female		VIDOWED K DIVORCED	Dec. 21.	1868	90 yrs.	Months	Days Hau	ers Min.
Oo. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KIND OF BUSINESS OR IND				12. CITI	ZEN OF WHA	AT COUNTRY?
Housewif	orking life, even if retired)	Own Home	Maryla	nd		U	S	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Noah	Barnes		Loui	sa Li	ndsey	1		
5. WAS DECEASEDEN	VER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	INFORMANT		Add	ress	7.6.7	
No	(ii yes, give war or acres or serv		ouise A. Ko	1b-da	aughter-	as 2	d	
	EATH [Enter only one cour	e per line for (o), (b), and (c).]						BETWEEN
The second second second	EATH WAS CAUSED BY:	Bronchiol	Paren	-			ONSET A	ND DEATH
1001	IMMEDIATE CAUSE (o)_	1 shouthest	1 -100				20	Leyo
420.	DUE TO	01:-	-0 1	/	7 -		0	· leave
Canditions, if		Cardine Fo					20	Logo.
gave rise to couse (a), statin	g the under- DUE TO	CardioVa	mula D.	نه حمد	ose		100	seens
lying cause los								/
PART II. O PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF		Thrombosis =	IT NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR	PE	AS AUTOPSY RFORMED?
200. ACCIDENT V	IG CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Po	rt II af item 18.)			
	Y MEDICAL EXAMINER)							
ZOc. TIME OF INJU Haur a. m	JRY Month, Day, Year		PLACE OF INJURY (Home, for factory, street, affice bldg., et	m, 20f. (Cit	y ar town)	(0	County)	(Stote)
p. m	10	While Not while at work at work	during, situal, diffice bridge, cr	/				
		deceased fram - 194	8 10 to	do	eth, 19	41-411-	.4	
	21april				EKP., 19,	mar I Ia	ist saw the	deceased
alive on	a / capsus	, 19 <u>3</u> 9, and that deat	th accurred at 1000	M, from	the causes an	d an the	e date sta	red obove
ACTUAL	000	2 00			Street, city ar tawn,			DATE SIGNED
ACTUAL SIGNATURE	Com s	· Pall	м.р. 7936 01	d Geo	orgetown	Rd.	Beth	. Md
PHYSICIAN'S	7.1. O. F	70	36 Old Geor					
NAME (Type)	John G. B		o old geor	Recwi	ou Ka. E	etii.	PIG 4	1201-
2a. BURIAL, CREMAT	ION, 22b. DATE THEREOF				TION (City, tawn,			State)
Burial	⁷⁾ 4/25/59	Central C	emetery	Fre	ederick,	Mar	yland	
3. FUNERAL DIRECTO		ADDRESS	24a. REC	'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	GNATURE	
Pohont	A Pumph so	Rothoeda N	(ameland	APR 27	'59	-11 - 6		

TO HOSPITAL OR AN ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 shouther registrar prior to buriol, cremation, or removal, and in any event within 72 hours after deathy.

VS A15 (4) 15M 9/58

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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and	age 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon	as exceptions private to brushed assessmention or seminary and in some second within 70 hours after the
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hospital or attending physician.	ficot	the	-
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VS A1S (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4493 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kensington Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION 10231 Carroll Place d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 213 W. 29th St. YES NO Carroll Hall Sanatorium NAME OF 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) 195 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours DIVORCED T WIDOWED | male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bartender averr Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anton D. Albers Diana Laupus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mr. Anton D. Albers - Arlington. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from MARCH 9, 1959, to APRIL 22, 1959 that I last saw the deceased , and that death accurred at 9:00 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Loudon Park Cem. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur S. Haus DATE

THE STATE STATE OF

04458 4466 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY & MARYLAND poploomer c. CITY OR TOWN (He outside carporate limits, write RURAL and given earest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town o m d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO IX enin NAME OF Lost 4. DATE Month Year DECEASED (Type or print) DEATH 1953 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OYG mmerm 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address III yes give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 420.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while at work of work 21. I certify that I attended the deceased from Nov. 1954, to 31 March., 1958, that I last saw the deceased 8 , and that death occurred at 6:00 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 8801 pe shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page DREMOVAD (Specify) Ft. Lincoln Cemetery Prince George, Md. 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNACUREA 240. REC'D BY REGISTEAR DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04459

1			44	194	CERTIFIC	CATE	OF DEAT	H		Reg. Dist.	No.	
	1. P	LACE OF DEATH	ontgomery		MARYLAN	11 0	UAL RESIDENCE (W STATE Marvla		d lived. If institution b. COUNTY		befare odr	
1	b	. CITY OR TOWN RURAL and give	(If autside carporate lim	nits, write	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (IF	-	rate limits, write R			V
			Bethesda		9 days 10 h		Silver	Sprin	g			
1/	d	OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)	9.	STREET ADDRESS		70 1		10	RESIDENCE
1	2 1	IAME OF	Suburban	irst			4306 Fe					Но 🗆
1	C	ECEASED		irst	Middle		Lost	4, DATE OF DEATH	Mon Apr		Doy 28	Year 1959
ŀ	5. S		Joseph 6. color or race	7. MARI	M ATT	iger 7 8. DATI	OF BIRTH		9, AGE (In years lost birthdoy)	IF UNDER 1		
I		M ale	White	WIDOW			5/5/09		lost birthdoy)	Months D	lays Hou	urs Min.
Ī	10a.	USUAL OCCUPATI	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11	I. BIRTHPLACE (Stote	ar foreign c	auntry)	12. CITIZ	EN OF WE	AAT COUNT
			countant		reas. Dept.		Friendshi	in M a	rvland		U.S.	A
	13. 1	ATHER'S NAME				14. /	MOTHER'S MAIDEN					
			eph F. Armi					Atwel				
-	15. \ (Yes,	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of			7. INFORM	ANT		Add	ress		
		Yes	Mexic www		None	W	ife (Same	as Ab	ove)			
					ne for (o), (b), and (c).]		9		AA		INTERVAL ONSET A	BETWEEN ND DEATH
		Lang of	ATH WAS CAUSED BY:	0) 5-	Whereful a	مامداد	ar de	M- J-	erecel	0		
		D/d.1	DUE TO	O R.	,			0				
		Conditions, if	immediate	PI 710	mongo to	~ 5	tall - au	werling	while of			
		lying couse lost		o che	costurs.				M CHA			
	ATION	PART II. OI	THER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DEATH	BUT NOT RI	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	PER	AS AUTOPSA REORMED?
9	FE	200. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Ente	r nature of injury in	Part I or Par	t 11 of item 18.)		162	□ NO □
	8	(IF EITHER, NOTIF	VAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)									
		20c. TIME OF INJU	IRY Month, Day, Yo			PLACE OF	INJURY (Home, farr	m. 20f. (City	or town)	(Co.	unty)	(Stote
	MEDI	p. m.	19	While of wor	k ot work	/	oo, on oo oragi,					1
		21. I certify	hat Lattended the	deceas	ed fram 4	<u></u>	1957, to	1/7	195	that I la	st saw ti	ne decea
		alive an	110	7. 19	2.7_, and that de	ath occu	rred at	M, fran	n the causes a	ind an the	date st	ated abo
		ACTUAL A	171	160	D	,	11/25	ADDRESS (S	treet, bity or town	store)		DATE SIG
		SIGNATURE	111	10	Seman	M.D	1800	ge	81	7		,
		PHYSICIAN'S NAME (Type)	NO T.	RO	DOLEM	AN	183	, 	ll	as	X	26
	220. Bl	BURIAL, CREMATION OF THE PROPERTY OF THE PROPE	ON, 225. DATE THERE	ÒF	ARLINGTON A				TION (City, town, or RLINGTON			State)
1	23, [EUNERAL DIRECTO	PUNIPALKEY, «I	NC.	SILVER SPRI	210 24	240. REC	D BY REGIST		STRAR'S SIGN		
	X	aumou	d 1. 311	Ra	SILVER SPRI	ING, M	DATE	MAY 1	'59 (Tathua P	4	

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DEPTH OF DEATH

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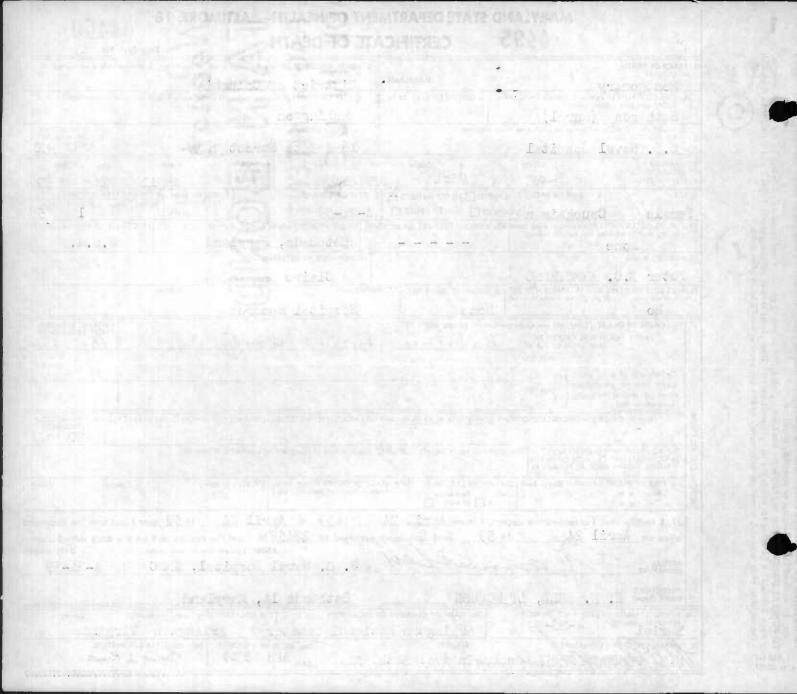
VS A15 (4) 15M 10/57

ARYLAND S	TATE DEPARTM	ENT OF HEALTH—BALTIM	ORE, 18
4495	CERTIFICA	ATE OF DEATH	R
		2. USUAL RESIDENCE (Where deceased lived. o. STATE	If institution:

04460

Reg. Dist. No. 215
n: Residence before admission

o. COUNTY		MARYLAND .	o. STATE		b. COUNTY		fore admission)
Montgome	If outside corporate limits, write	c. LENGTH OF STAY IN 16	District				
RURAL ond give n	eorest town)	C. LENGIH OF STAY IN ID	c. CITY OR TOWN (IF		rote limits, write R	URAL ond give n	earest town)
Bethesda	(Rural)		Washington	n		4/X-	3
d. NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	allHospital		1654 34th	Street	N.W.		YES NO NO
3. NAME OF	First	Middle	Lost	4. DATE	Mon	oth [Day Year
(Type or print)	Baby	Girl A	RMSTRONG	OF DEATH			
5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH			IF UNDER 1 YEA	21, 19 59 ARI IF UNDER 24 HRS.
Wama 7 a				777	9. AGE (In years lost birthdoy)	Months Doys	
Female	Caucasia n WIDOW		4-24-59		yrs.	120 6171751	1 1 55
during most of wor	king life, even if retired)	KIND OF BUSINESS OK INDU					OF WHAT COUNTRY?
Non	9		Bethesda		and	U.	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Peter F.C.	• ARMSTRONG		Claire	CHARLE	TON		
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	1777	Add	ress	
No.		None	Hospital H	Records			
	ATH [Enter only one couse per li		1102011011	recor de		LINI	ITERVAL BETWEEN
		Extreme	Immat	7			NSET AND DEATH
My.		-XIreme	+12 m 1	4211	7		115 m
116%	DUE TO						
Conditions, if o							
gove rise to i							
lying couse last.	(c)						
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART I(0)	19. WAS AUTOPSY
(ATI							PERFORMED? YES X NO T
PART II. OTH	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port	II of item 18.)		
OR CONTRIBUTING	AS UNDERLYING 20b. DES						
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	206 (6:5	4		
20c. TIME OF INJUR Hour o. m.	While	Not while for	ctory, street, office bldg., e	tc.)	or town)	(County	y) (Stote)
	19 of wor						
21. I certify th	at I attended the deceas	ed fram April 24	, 19.59 , to 1	April 2	4 19 59	that I last	saw the deceased
alive on App		59, and that death					
	-7/	7/			reet, city or town,		DATE SIGNED
ACTUAL	1 am	weller	M.D. U. S. Nava				4-24-59
SIGNATURE	1-1-		M.D.		2.002.2		4-24-27
PHYSICIAN'S NAME (Type) K	W. SELL, LT MO	CUSN	Bethesda	14. Ma	ryland		
220. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Stote)
REMOVAL (Specify)	7 20-79	Arlington Na	tional Cemet	ery	Arlingto	on Virg	inia
23. FUNDRAL-DIRECTOR	'S SIGNATURE	ADDRESS	24n PF(C'D BY PEGIST	PAP 245 REGI	STRAR'S SIGNATI	
TALAL SOME	553 Misco	nsin Ave. Beth	. Md . DATE A	PR 2 8 '5	9 a	wither I the	ALLA
1	THE COL		-Z- JUAIE				



VS A1S (4) 1SM 9/58

and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

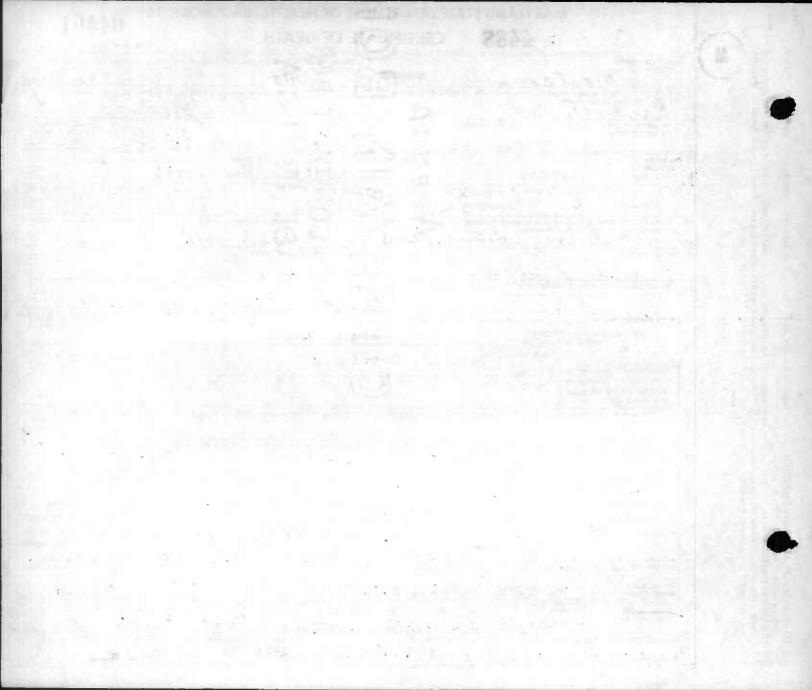
CERTIFICATE OF DEATH

4488

04461

Reg. Dist. No.

		_						
1. PLACE OF DEATH	Tentaer	nery	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased live	ed. If institution b. COUNTY	m: Residence be	efare admission)
RURAL and give ne	f autside carporate limiterest tawn)	ts, write of E. LENG	GTH OF STAY IN 1E	x Contown	If autside corporate	limits, write RL	IRAL and give	nearest town)
	AL (If nat in hospital, g	ive street address)		10513-	7 Locks	Rd	42	e. ts RESTDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ernest		Middle	Bagley	4. DATE OF DEATH	April	8	Day Year 19 59
s. sex male	6. COLOR OR RACE	7. MARRIED 🔯 I	DIVORCED	8. DATE OF BIRTH 3/15/97	9. /	AGE (In years ast birthday) 62 yrs.	Manths Day	AR IF UNDER 24 HRS. 's Haurs Min.
June 10a. USUAL OCCUPATION during most of work	ing life, even if retired	gethese	1 001 1	oustry 11. BIRTHPLACE (Strupply Well	son, "	ne	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	& Lu	cas		14 MOTHER'S MAIDE	N NAME Jag	ley		
	R IN U. S. ARMED FOR (If yes, give war, or dates of s		SECURITY NO.	DSCAV /	Bagley	J-Addres 1286	100	SA ME, DE
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o			arcinomato	sis		0	NTERVAL BETWEEN NSET AND DEATH
Canditions, if a gave rise to it cause (a), stating	mmediate Dur TO	Gast	ric Ca	rcinoma				10/27/58
PART II. OTH			UTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO DES
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIBE HO	OW INJURY OCCUR	RED. (Enter noture of injury	in Part 1 or Part II o	of item 1B.)		
20c. TIME OF INJUR Howe o. m. p. m.	Y Manth, Day, Yes	While No	OCCURRED 20e.	PLACE OF INJURY (Home, I factory, street, office bldg.,	etc.) 20f. (City or	tawn)	(Coun	ty) (State)
21. I certify the alive an	at I attended the 4/6/59	deceased from		37_, 19, to th accurred at1:3 _M.D. Norbec	4/8/59 74M, from the ADDRESS (Street lk., Rt.1	causes and	d an the do	DATE SIGNED
PHYSICIAN'S NAME (Type)	Webs U	- 1	mell, M.		22d. LOCATION	J (City town o		/8/59 (Stote)
REMOVAL (Specify) 23. FUNERAL DIRECTOR'	4-13-	59 ar	lingtos	1. Actional	Jor	+ Mi	sper	Va
The and the	Junes al	Hames	389 810		PR 9 '59	-	TRAR'S SIGNA	TORE



certificate

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VS	A15 (4)
15	M 7/3:	,

	न्त्र र	37	CERTIFICA	AIE OF DE	AIII			Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDEN		re decessed yland	l lived. If instituti b. COUNTY	20	e before odmi itgomer	
b. CITY OR TOWN RURAL ond give Sil	(If outside corporate limits nearest town) ver Springs	, write c	LENGTH OF STAY IN 16	1		r Spr	rote limits, write R ings	URAL ond g	ive nearest to	vn)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, given 1022—Queb			d. STREET ADD		e be c	Terr.	Apt.	ON	A FARM?
DECEASED (Type or print)	First RUT		Middle G •	Lost BALI		4. DATE OF DEATH	Mon Ap:		8 Doy 18th	Yeor 19 59
Female	9,97	7. MARRIED	NEVER MARRIED DIVORCED	Sept.]	5, 1	901	9. AGE (In years lost birthday) 57 yrs.		Days Hours	
00. USUAL OCCUPAT during most of wo Sales I	orking life, even if retired)		nd of Business or Indu oodward and L		-	r foreign co sburg		I2. CITI	ZEN OF WHA	T COUNTRY
3. FATHER'S NAME RO	bert F. Gree	en				. Roy				
(Yes, no. or unknown)	/ER IN U. S. ARMED FORC (If yes, give war or dates of ser			sarbara B.	Bett	s 10	22Queb	_	rrace.	
	EATH [Enter only one cau EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per line	for (o), (b), and (c). Her	northa	ye				INTERVAL E	
170 X Conditions, if		Car	cinomat	ous mer	ata	as ?	to Bra	un	1m	onth
gove rise to couse (o), stating lying couse lost	g the under-	·lou	icinoma	of Br	eas	H			3 ye	are
CATIO		itions <u>co</u> i	NTRIBUTING TO DEATH BU	T NOT RELATED TO TH	IE TERMIN	IAL DISEASI	E CONDITION GIV	EN IN PART	PERF	ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OCCURRI	ED. (Enter noture of in	ijury in Po	ort I or Port	t II of item 1B.)			
20c. TIME OF INJU	. 10	While	URY OCCURRED 20e. P Not while for the polymer	LACE OF INJURY (Ho octory, street, office b	me, form, ldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
21. I certify	that I attended the	deceased	from Jeb 11	, 19.58,		M from			ast saw the	
ACTUAL SIGNATURE	Ludau	6	Gay	M.D. 403			apulat		Was	DATE SIGNE
PHYSICIAN'S NAME (Type)	LENDA L	-4	C. GAY /	M.D.	·	234 TOC43	MON (City, town,	os govelu'		71161
Burial (Specif	4-21-59		Fort Linco	ln		B1	adensbur	g,	Md.	ole)
Simmons	Bros.	661(Good Hope Rd.	,SE 2		R 2 0 '5		STRAR'S SIG		

HTARARO BIADRIDIED & COOK Company of the second program with a second will be to be beautiful Court I THE DE LOS LEGICAL TOWNS AND THE PARTY OF TH A CONTROL OF THE PARTY OF THE PROPERTY OF more than the plant of the late of the second of the second

TO FUNERAL DIRECTOR. After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit.

TO HOSPITAL OR AT

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4498 **CERTIFICATE OF DEATH** ()4464 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	CHARGE Mon	tg omer	y MARYLA		USUAL RESIDENCE (Wo. STATE		ed lived. If instituti b. COUNTY		gomer	
b. CITY OR TOWN RURAL and give Bovds		its, write	25 Years	1 1b	c. CITY OR TOWN (IF	outside corpo	orote limits, write F	URAL ond g	ive nearest	town)
OR INSTITUTION		14	ldress)	1	d. STREET ADDRESS	77			0	RESIDENCE
Mary A.	Simpson Nur	sing I	Iome		Boyds,	Mary]	Land		TE	S NO
3. NAME OF DECEASED (Type or print)	NEL	LIE	Middle ELLEN		BARNES	4. DATE OF DEATH	Mor Apr		Day 4,	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARKE	ARVER MARRED ARVERSAGE ARVERSAG		ate of BIRTH	0	9. AGE (In years last birthday) 89 yrs.	IF UNDER Months		INDER 24 HRS.
during most af wa	TON (Give kind of work orking life, even if retired for Retired	dane 10b. KI			Washingto	n, D.		12.CITI2	U.S.A	AT COUNTRY?
William	Glover			187	Martha Wr	i eht				
	/ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	service)	ocial security no.		RMANT caret L. He	6	1911 Anna	ress polis Hills	Road,	land,
PART I. DI 4. 20. I Conditions, if gove rise to couse (a), stotin lying cause last	g the <u>under-</u> DUE TO	Cor Axt	onary O		Cardio Va	scula			Sylvania Sylvania	LE BETWEEN AND DEATH AYS LEAYS
ICATIO	THER SIGNIFICANT CON							VEN IN PARI	PI	AS AUTOPSY ERFORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DESCR	IBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Part I or Po	rt II of item 18.)			
20c. TIME OF INJU Havr a. m p. m	10	or 20d, INJ While at work	Not while	De. PLACE factory	OF INJURY (Home, fari , street, affice bldg., et	m, 20f. (Cil	y or town)	(0	County)	(Stote)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	19.5	9, and that d	eoth oc	, 1959, to curred at/03A BAP	M, from	the causes are street, city or town, by LL;	on the	dote sta	de deceased obove DATE SIGNED April 59
22a. SURIAL, CREMATI REMOVAL (Specif Burial	ION, 22b. DATE THEREC	OF	22c. NAME OF CEMETE		EMATORY	22d. LOC/	ATION (City, town,	or county)		(State)
23. FUNERAL DIRECTO			ADDRESS	- DING 66		D BY REGIS		STRAR'S SIC	SNATURE	
W. W. CF	LAMBERS CO.,	River	dale, Mary	land.	DATE	PR 7 1	59 a	Word I.	traces.	

the state of the s Martin March Hery L. Diesett Austin: Rosett A. Tuel BELLET BLUEST Teals this said and the mean the desired of twee and Pons Commerce I. March. March. 1972 Amore Links. THE VEST AND THE VEST AND THE Girden Light Control of Elegation Company of the second second Taken . Tital Canada Canada Canada . Tital Canada . Taken . m. w. near the co. Exerce le, bit land. w. m

VS A15 (4) 15M 10/57

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Pages 1 and 2 shavid be filed with	0	5	1
Pages 1			
carbon papers. ofter death.			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4499 CERTIFICATE OF DEATH

04465

							from play	
1. PLACE OF DEATH o. COUNTY		. MARYLAND	2. USUAL RESIDENCE (Who o. STATE District of	ere deceased live	d. If institution	n: Residence be	fare admis	sion)
Montgome	(If outside corporate limits, write		c. CITY OR TOWN (If o			IDAL and sive a		-1 /
RURAL and give	nearest tawn)			iviside corpordie				"
Bethesda	(Rural) ITAL (If not in hospital, give street	ll days	Washington d. STREET ADDRESS			47x-	e. IS RES	CIDENCE
OR INSTITUTION		oddress)					ONA	FARM?
U. S. Nay	val Hospital		1622 Rhode	Island	Ave., I	V. W.	YES L) NO [X
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mant		Day	Year
(Type or print)	Lelia	Montague	BARNETT	DEATH	April		3	19 59
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. /	GE (In years	Manths Doys	R IF UND	ER 24 HRS.
Female	Caucasian WIDO	WED DIVORCED	7-22-71		87 yrs.	months Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign count	γ)	12. CITIZEN	OF WHAT	COUNTRY
Housewife	rking life, even if retired)		New You	rkey		U.S.	Α.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
Wolter D	owhatan MONTAGU	ार:	Lelia SINO	T.ATR				
	ER IN U. S. ARMED FORCES? 1		INFORMANT		Addr	ess 1715 I	V St.	. N.W.
(Yes, no. or unknown)	(If yes, give war or dates of service)) Mrs. Lelia (lordon N				
No	fo		Mrs. Perra	JOI GOLI I	Oyes, I			
	ATH [Enter only one couse per ATH WAS CAUSED BY:	line for (a), (b), and (c).	1. 5t.//	0		OI	NSET AND	DEATH
4-7 2-	IMMEDIATE CAUSE (o)	PAULMINIA	, stapulaco	reel			1da	ys
0 /0.0	DUE TO	at 1 C	1 4 1	1 . 1	1.7	-		4
Canditions, if		I maugulater	is westing	u ac	sville	LLOX.	10 a	ays
gave rise to								1
lying cause last		V						
PART II. OT	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(0)	19. WAS	AUTOPSY
Ž.								DRMED?
20a. ACCIDENT W	AS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Port I or Part 11 o	of item 18.)			
PART II. O' 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 20b. DI G CAUSE OF DEATH Y MEDICAL EXAMINER)							
		INJURY OCCURRED 20e. PI	LACE OF INJURY (Hame, form	20f. (City or	lawn)	(Count	v)	(Stote)
20c. TIME OF INJU	Whi	le Not while fo	octory, street, office bldg., etc.	.)		(C00111	71	(3,016)
	01 #	ork at work						
21. I certify t	hat I attended the dece	osed from March 23	, 19.59 , to Ap.	ril 3	19_59	_,that I last	saw the	deceased
alive on Apr	11 3, 19	59, ond that death	h occurred at 10:50	AM, fram th	e causes a	nd an the d	late stat	ed abave
	nlan//	// -		ADDRESS (Street				ATE SIGNED
ACTUAL SIGNATURE	THENOO FO		M.D. U. S. Na	val Hosp	ital,	NNMC	4-	3-59
	1							
PHYSICIAN'S NAME (Type)	W. D. HOGFER.	LT. MC. USN	Bethesda	14, Man	yland			
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION		r county)	(Sta	10)
REMOVAL (Specify Burial	4-6-59			Arling			irgin	
<u> </u>		Arlington	ngton, De24CREC			TRAR'S SIGNAT		- August
SUNERAL DIRECTO	secretary Llo							
Mos. Wawler	's & Sons, 175	o renn. Ave., N	W, DATEAP	6 '59	Ciri	hung S. Thra	MA	

ST SHOOTERS BETTE SERVICE OF THE STREET BOOK STATE COLORS FROM THE RESERVE TO SERVE AND ADDRESS OF THE PARTY OF THE PART The first of the state of the s

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary please execute the certification withing the word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be farw.

4 should be farw.

5 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremaylon, or its designated agent, prior to burial, cremaylon, or its designated agent, prior to burial, cremaylon.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 45 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

114466 Reg. Dist. No

•	1. PLACE OF DEATH a. COUNTY A. T	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	MONTGOMERY MARYLAND	O. STATE FLATS OF B. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aulside corporale limits, write RURAL and give neorest lawn)
	Bethesda 14 hrs	Ormand Beach 48 x-3
1	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
+	Suburban Hospital	483 S, Haliak UZ YES NO D
	3. NAME OF DECEASED On, First Middle	Lost 4. DATE Month Day Year
	(Type or print) Sing Lon	AORA DEATH 4 19 1959
	5. SEX 6. COLOR PRACE 7. MARRIED NEVER MARRIED 8.	lost hirthday)
	Temale Whitz WIDOWED DIVORCED []	201, 4 1877 81 yrs. 17 15 hours min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	Y 1. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Homemoker	Vasmania Mustralia
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Somiel Cozey	Marvey 1/1/12
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dotes of service] 16. SOCIAL SECURITY NO. 17. (N)	FORMANT PHY C Address OF 10 46 12
	Alew	ghter liuth D. In ively 4613 Morrison 11,4
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Thork	,
\vee	700.0 DUE TO	149
3	Canditions, if any, which gave rise to immediate cause	on huge ne
1	(a), stating the underlying DUE TO	B. 00
		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATGRUT NO COMPOSITE PRIMARY EL OF CONTRIBUTING COURRED. (En CAUSE OF DEATH.)	PERFORMED?
	200. EXTERNAL CAUSE WAS 20h DESCRIBE HOW INJURY OCCURRED US	eler nature of injury in Part II of item 18.)
	200. EXTERNAL CAUSE WAS PRIMARY BOLONTRIBUTING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	the include of injury in Party of Part II of Irem 18.)
		pf INJURY (Hame, farm, 120f. (City or town) (Caunty) (State)
7	Hour a. m. While Not while foctor	
	21. I certify that I took charge of the remains described above	me Washington De.
	opinian deoth resulted from: Notural courses [], Accident	
	opinion death resulted from: 14010101 couses [], Accident	Suicide , Homicide , Undetermined monner
	ACTUAL LO BANGE TO A	CHIEF MEDICAL EXAMINER []
2	SIGNATURE THE STATE MALE	M.D. ASSISTANT MEDICAL EXAMINER []
	EXAMINER'S ELANK J. BLUSCHZLY	DEPUTY MEDICAL EXAMINER DA
	220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	
	Burial 4-22-59 Parklawn Cem	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey, Bethesda 14, M	d. DATE APR 2 2 159 arthur & thank
CONTRACT OF		A CONTRACTOR OF THE PROPERTY O

VS. A15ME 5M 2/57

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State of the composition of the party of The second secon norial 4-22-59 Part) avi (smerery Excketile, our land house, south and south at the present the south of the

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4501 CERTIFICATE OF DEATH

4501

()4467 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Montg	MARYLAN	2. USUAL RESIDENCE (V	Where deceased lived.	f institution: Residen	ce before admission)
RURAL, and give	(If outside corporate finits, write neorest town)	c. LENGTH OF STAY IN 1	6. CITY OR TOWN (IF	outside corporate limit	s, write RURAL and s	give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stree N		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Private reside	nce"				YES ONO O
3. NAME OF DECEASED (Type or print)	More	Hen.	Beny Berry	4. DATE OF DEATH	Month Elect	Day Year // 1959
5. SEX	6. COLOR OR RACE 7. MAI		13.011	1871. 9. AGE last b	In yeors IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most or we	TION (Give kind af work done 10th orking life, even if refired)	. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stor	te or foreign country)	12. CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	inander &	A Danne	14. MOTHER'S MAIDEN	NAME	esher.	
15. WAS DECEASED EV	VÉR IN U. S. ARMED FORCES?	SOCIAL SECURITY NO.	Me Danse	uel Be	Address	Alima Va
PART I. DI 450. / Conditions, if gave rise to couse (o), statin lying cause last	g the under-	ullin	ne due	to lar	Duins	Unlivery Unlivery
	THER SIGNIFICANT CONDITIONS VAS UNDERLYING 20b. DE					1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	n Port I or Part II of ite	n 18.)	
20c. TIME OF INJU Hour o. m. p. m.	While		PLACE OF INJURY (Home, for foctory, street, office bldg., et	rm, 20f. (City or town)	(0	County) (State)
21. I certify alive on	that I attended the decea gr. 9 19:	me /h	oth occurred at 4	ADDRESS (Street, city e11 Avenue,	ouses and on the	DATE SIGNE
PHYSICIAN'S						
NAME (Type)	Jack Schumadi e					
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY Chestone		22d. LOCATION (City		Va-

MTAIN 19 (49) 14 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (1995) 18 (19 TO SELLING IN PROJECTIONS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the haspital ar attending physician. TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the hereof director, page 3 should be be accorded for use as the burial-transit permit. Then please remains carbon pages 1 and 2 should be with may be retained to the haspital or attending physician. • FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be accorded far use as the burial-transit permit. Then please remave carbon pages, Tages 1 and 2 shat the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4502

CERTIFICATE OF DEATH

()4468 Reg. Dist. No.

	CE OF DEATH	ONTGOMERY		MAR	YLAND	2. USUAL RESI		LAND	d lived. If instituti b. COUNTY		NTGON		
b. C	URAL and give n	If autside corporate limi eorest town) SPRING	ts, write	c. LENGTH OF STAY		c. CITY OR		ER SE	rote limits, write RPRING	URAL and	give neare	st town)
d. N	OR INSTITUTION	TAL (If not in haspitol, g 8554 11th	AVENU			d STREET A	8554	11th	AVENUE			IS RESI	DENCE FARM? NO CO
DEC	ME OF EASED be or print)	ROI	BERT	Middle ELMER		BLUNDOÑ		4. DATE OF DEATH	APR		2 ^{Doy}		*°59
5. SEX MAI		WHITE	WIDOWE		ED 🗆	B. DATE OF BIRT 2/5/96			9. AGE (In years last birthday) 63 yrs.	IF UNDER Months		Hours	R 24 HRS. Min.
OU	iring most at wor	ON (Give kind of work king life, even if retired Mechanic		KIND OF BUSINESS O	-		ACE (Stote o				S.A.		COUNTRY
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
Bı	rooke Bl	undon				Cath	erine	Barro	n				
G G C Iy	PART I. DEA 490 X Canditians, if a lave rise to i ouse (a), stoling ving cause last.	mmediate (, Xi	obar S	rece	NOT RELATED TO		IAL DISEAS	Silver		THERY ONSET	AND	DEATH
	o. ACCIDENT WAR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRE). (Enter nature o	f injury in Po	art I or Parl	II of item 18.)		Y	ES 🗌	NO 🖺 "
MEDICAL 200	: TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Yes	20d. IN While of work	Not while of work	20e. PLA fac	CE OF INJURY (tory, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	{(County)		(State)
AC SIG	LI CERTIFY THE		, 19 KELL	9, and that	t death	w.b. 648	Ron.	DORESS (SI	reet, city ar town,	and on the stole)	he date	state	TE SIGNED
23. FUN	NERAL DIRECTOR	5/1/59 S SIGNATURE		ARLINGTON	TAN F	L. CEME	TERY 240. REC'D		LINGTON,	VIRG:		(Sidie	
	NER E. I	17 / 13	NG.	SILVER S	SPRIN	G, MD.	DATE MA			rthun &	time		

: D10: 4/99/59 Dr. Brochart was notified three Selver Joney Police Dept. 4 apprived. Thomas J. Kelly, In if. al directar,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4503

CERTIFICATE OF DEATH

04469

									wan. r	7131. 140.	
o. C	OUNTY			444.0	YLAND	2. USUAL RESIDENCE (Who o. STATE	ere decease	d fived. If institution b. COUNTY	on: Reside	ence befare	admission)
b. C	Montgome	If autside corporate limits	, write	c. LENGTH OF STA		Maryland c. CITY OR TOWN (IF or	utside corne	Anne	Arur		est terms
R	JRAL ond give of Bethesda	earest town)		40 day			orside corp.	orote titilits, write k	D /	give near	est tawn)
d. N	AME OF HOSPI	TAL (If not in hospital, given	e street	address)	5	Annapolis d. STREET ADDRESS			216	7,00	. IS RESIDENCE
		ical Center			Md	204 Glouce	ster	Street			ON A FARM?
NAA	AE OF	First		Middl		Last	4. DATE	Man	th	Day	Yeor
	or print)	Nonn	a	Lec	3	Brady	OF DEATH			21	1959
EX		6. COLOR OR RACE	7. MARR	RIED NEVER MARR	IED E	DATE OF BIRTH			IF UNDE		F UNDER 24 HRS
	Temale	11122000	WIDOWE	Brand		August 11, 1	946	12 yrs.	Months	Doys	Hours Min.
. US	UAL OCCUPATION	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Stote of	r foreign c	ountry)	12. C	TIZEN OF	WHAT COUNT
2	tudent			None		Mary	land			U. S	. A.
FATI	HER'S NAME					14. MOTHER'S MAIDEN N.	AME				
		M. Brady, J						Fauble			
es, no.	Gr unknown	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO		FORMANT The Med			ess The	Cli	nical Ce
	Vo			None		thesda 14, Ma	rylan	id			
18.		TH [Enter only one cour	e per lir	ne for (o), (b), and (c)	.]					INTER	VAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)_	G.	I. and Pu	lmona:	ry Hemorrhage				24	hours
	2043	DUE TO									
C	onditions, if o	ny, which) (b)_	A	cute Lymp	hatic	Leukemia				1	3/4 yrs.
g ca	ove rise to in use (a), stating	the under-									77 0 0
	ng couse lost.	(c)_									
NO.	PART II. OTH	IER SIGNIFICANT COND	TIONS	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 19.	WAS AUTOPSY
											PERFORMED?
20a	ACCIDENT WA	S UNDERLYING 2	Ob. DESC	RIBE HOW INJURY	CCURRED.	(Enter noture of injury in Pa	art I ar Por	t II of item 18.)			
(IE)	THER, NOTIFY	MEDICAL EXAMINER)									
20c.	TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 19	While	Nat white	20e. PLAC	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City	or town)	((County)	(Stote
21.	I certify th	ot I attended the a	lecense	d from Mai	ch 12	1959 to Ap	ril 2	1 ,,59	41 . 1		v the deceas
	ve on A	pril 21	. 19 5			occurred at 5:05 P			.,that I	last sav	v the deceas
		A ()	1 1-4-	2 , 0110	deom	A	DDRESS (SI	reet, city or town, s	nd on 1	he date	Stated abov
ACI	UAL NATURE	attin.	5	(1 M)	V "	D. The Cli				1	1/22/59
				0	M.			titutes of	of Ho	2]+h	1,, 2,
NA	SICIAN'S ME (Type)	Nathan S. T.	aylo	r. M. D.				Maryland		arun	
	IAL, CREMATIO			22c. NAME OF CEM	ETERY OR	CREMATORY	2d 40CM	ION (City, town, o	country.		(54-4-)
ムル	BYAL (Specify)	4-24-	59	1+000	cumo	Cemitera	6	mak	oli	2	(State)
	RAL DIRECTOR	SIGNATURE	0	ADDRESS)	1	240 REC'D					

may be retained by a chaspital or attending physician.

2 FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be derached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 shauthe registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death... may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

March Strain Corner Market and a percent of the Color 6 Personal Property Largery M. H. M. C. The second of th

VS A15 (4) 15M 10/57 M

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1		MARY	LAND	STATE DEPART	LWEN	T OF H	EALTH	-BAL	TIMORE,	18) A A	20	
		45	04	CERTIFI	CATE	OF D	EATH	- [Reg. D	144 Dist. No.	40	
1.	PLACE OF DEATH COUNTY MOTIT gomer	y		MARYLAN		USUAL RESIL		ere decease	d lived. If institut b. COUNTY	ian. Perid	nea bafa		sion)
Г	b. CITY OR TOWN (IF RURAL ond give ne	outside corporate lim- orest town)	its, write	c. LENGTH OF STAY IN	16 0			tside corpo	rote limits, write	RURAL ond	give ne	arest low	n)
-	d. NAME OF HOSPITA	Al (If not in housital a	ive steest	140 days	56		er Spr	ing					
	OR INSTITUTION				Md.	d. STREET A	2 Sidr	nev Ro	pad			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)		dred	Middle Ruby		Bro	oker	4. DATE OF DEATH	Mo Ay	oril	2	_	Yeor 19 59
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		TE OF BIRTH			9. AGE (In years	IF UNDE			ER 24 HRS.
L	Female	White	WIDOWE			gust 2			38 birthdoy) yrs		Doys	Hours	Min.
10	o. USUAL OCCUPATIO during most of worki Research	ing life, even if refired	done 10b.	Research	NDUSTRY		ACE (Stote of Car			12. C		S.A.	COUNTRY
13	FATHER'S NAME				14.	. MOTHER'S	MAIDEN NA	AME					
L	Fitzu Par						Apple						
15	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice	social security No.					Recorded, Bethes		4. M	aryl	and
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]						-	LINTI	RVAL BI	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Gas	strointestina	al He	morrha	age				3	Wee	LE DEATH
	2041 Conditions, if an gave rise to im	mediate (Chr	conic Myeloc	ytic	Leuker	nia				2	Yea	rs
	lying couse lost.	he under-)										
NO.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	IAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY ORMED?
3		ic Pyelone	-										NO []
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (En	ter noture of	injury in Po	ort I or Port	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m, p. m.	Month, Doy, Yes	20d. IN While of work	_ Not while_	PLACE O factory,	OF INJURY (I street, office	lome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the		decease	ed fram Decembe:	r 8 ath acc		/	ril 2 M, fram		that I	last so	w the	deceased
	ACTUAL I.	Bernard	We	instern	M.D.	The	Clini	cal C	reet, city or town, Center	state)			ATE SIGNED
				stein, M. D.		21020	ional hesda		itutes of Maryland	f Hea	lth		
22	REMOVAL (Specify)	22b. DATE THEREO	F)	22c. NAME OF CEMETER United Daugh Cemete	Y OR CRE	MATORY OF C	onfede	racy	St. Geor	,,	Sout	(Stot	
23	Raymond	SIGNATURE Y I	NC.	ADDRECC	RING,		240. REC'D		RAR 24b. REGI	STRAR'S S	GNATUE	RE	
	1	1)	-										

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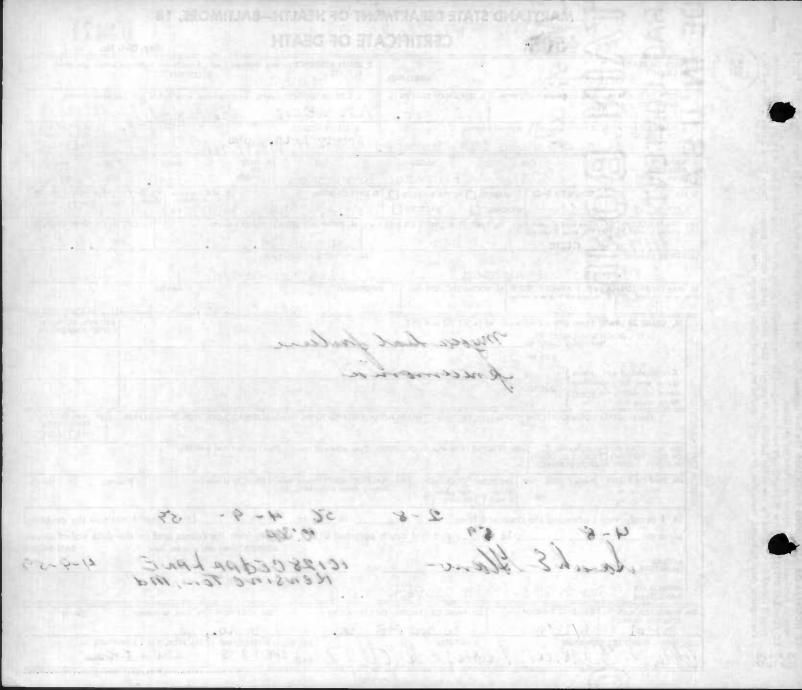
VS A15 (4) 15M 10/57

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physician and completely filled in by the	emove carbon papers	Hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 2, Film G241, 4/15/59 fcy
CERTIFICATE OF DEATH

	()	4	4	7	1
Ren					

		reg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue, STATE b. COUNTY b. COUNTY	dence before admission) 3 V 0 / - 4
b. CITY OR TOWN (If outside corporate limits,	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give nearest town)
Gaithersburg	12 yrs.	Estatopsone datable	/ Baltimore
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	re street oddress)	d. STREET ADDRESS 697 Gladstone Av	e. IS RESIDENCE
Asbury Methodist Ho	ome for the Age	Kadyhay/Metha Home	YES NO
3. NAME OF First DECEASED		Lost 4. DATE Month	Day Year
(Type or print) E11	a Florence	Broughton DEATH Apr.	9 1959
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED		DER TYEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	Feb. 2, 1859 100 yrs.	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
THEFF none	None	Accomac Co., Va.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Bro	ughton	Liza Ann Greene	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address	
No No		oury Methodist Home, Gaith	nersburg
18. CAUSE OF DEATH [Enter only one cous			INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost. Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost. Columnia Part II. OTHER SIGNIFICANT CONDITIONS COLUMNIA Part II. OTHER SIGNIFICANT CONDITIONS COLUMNIA COLUMNIA	freumon	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED While Not while of work 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the calive an 4-6 ACTUAL SIGNATURE SULLE SIGNATURE SATAH Eli	Here	accurred at 10, 301AM, from the causes and an ADDRESS (Street, city or town, state) M.D. 10128 CEAPP LANE Rewsing Town, Ma	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or count	y) (Stote)
Burial 1/11/59 23. EUNERAL DIRECTOR'S SECNATURE	Housess Bac	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE S. House
	77	tel -	



executed within

LAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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FOR STATE HEALTH DEPT.

Pry, please Page files:

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral ding. Page 4 should be farm at 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained farm files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, at removal, and in apprecent within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04473 Rea. Dist. No.

TOUR TILMOCTI		
PLACE OF DEATH O. COUNTY }	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	re odmission)
Montgonery MARYLAND	o. STATE md b. COUNTY monty	meru
b. CITY OR TOWN (It consider porate limits, write RURAL ond give pages) lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	prest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE
Brichyand Rd	10717 mcCorohur Block	YES NO
3. NAME OF DECEASED (Type or print) First Davidae Col	Lost 4. DATE Month Doy OF DEATH C. 1. 14	Yeor 1955
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	D. DATE OF BIRTH 9. AGE (In fors IF UNDER 1YEAR III fort birthybry) March Dec 1	
MAG WHOWED DIVORCED	5-19-32 26 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
Mechanic Mechanic Helpe	r Virginia U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles L. Caldwell	Bonnie Farmer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. III (17 yas, no. or unknown) (17 yas, no. or unknown) (17 yas, no. or unknown)	NFORMANT Address	
No 9 579-42-1972	Polire record	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART :, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cashular		AL BETWEEN AND DEATH
973.1 DUE TO		and dead
(conditions, if ony, which) (b) Carton-monte	icle sarroine	anto
gove rise to immediate cause (o), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		WAS AUTOPSY PERFORMED? S NO 2
	enter noture of injury in Port 1 or Part It of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 120f. (City or town) (County)	(Stole)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 PLAN Hour e, m. P. m. 19 While of work of work	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described abo	ve, held an Autapsy . Inspection . Inquiry .	and in my
opinion death resulted from: Natural causes . Accident [
SIGNATURE Frank J. Browshout	_M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
EXAMINER'S FATNAJ. BLOSCHENT	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 4-14-57	7
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
Burial 4/1/59 Ft. Lincoln	Cem. Prince George Co.,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dobont A Dymphosy Bothosda 1/4 M	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Robert A. Pumphrey, Bethesda 14, M	Id. DATE APR 17'59 Ciriling & Travel	

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<	may be retained by the hospital or attending physician. O FUNERAL DIRECT After this certificate has been stoned by the attending abovicing and completely filled in by the peral director.	1	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page At	19.5	with	
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VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4508 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 27 hours Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 1 Suburban Hospital 4616 De Russev Parkway NAME OF 4. DATE Middle Lost Month Yeor OF (Type or print) Margaret Mary Canan April 19 50 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Female WIDOWED [7] DIVORCED T White March 85 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chamberling Mfg. Co Maryland Retired Seamstress U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No Yes Mrs. Marion H. Gates (friend) 18. CAUSE OF DEATH [Enter only one couse peg line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) & WAS AUTOPSY BOSYDAES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nothers of injury in Port I of Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Dov. Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o. m. Not while ot work ot wark 21. I certify that I attended the deceased from Us and that death accurred at alive on M, fram the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) Deo 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial (Specify) 4-9-59 Gate of Heaven Silver Spring, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 8 arthur & House Robert A. Pumphrey. Bethesda 14. Md.

A STATE OF THE STA	
before a contract of annier thing the events of the later than	

04475 Rea. Dist. No.

4467 with PLACE OF DEATH a. COUNTY filed MARYLAND OMEN c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write Pe RURAS and give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address) puo NAME OF known Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DIVORCED T WIDOWED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Upshur Pharmacy havmacis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY onlaner c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearst town)

d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO M Captan) 4. DATE Year Jacob Month Day OF DEATH 195 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birtheoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Clara (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 025-18-6269

17. INFORMANT

Address

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Doy, Year Hour o. m

Alexander Caplan

13. FATHER'S NAME

lying couse lost

20d. INJURY OCCURRED While Not while at work at wark

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

INTERVAL BETWEEN

1945 to 21. I certify that I attended the deceased from Jan-1955 that I last saw the deceased , , and that death occurred at 10.53 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED

ACTUAL

Work

PHYSICIAN'S DRDMAN NAME (Type)

220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 4/6/59

22c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

22d. LOCATION (City, town, or county) (Stote) PRINCE GEO. COUNTY. MD.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 24a. REC'D BY REGISTRAR SS MY DATE APR 6

246. REGISTRAR'S SIGNATURE arthur S. Tirans

0 1SM 9/S5

may be retained FUNERAL DIRE 3 should

be prior

he registrar

poge

director

attending please

6 H.

burial-transit

certificate os the

Column C	ATE OF DEATH	Centrol	a
The second secon			
TOTAL STATE OF THE	200		
		G C BANGOLS W	The state of the s

FOR STATE HEALTH DEPT.

Magry please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of the form of the control of the state of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent, prior to burial, crematian, ar removal, and intering event within 72 hours after death. TO DEPUTY MEDICAS

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2 4 2 5 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 45 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4476 Reg. Dist. No.

•	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.					
	b	Coles	outside corporate limits, writ 7111e	• RURAL	c. LENGTH OF STAY IF	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring					
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streel oddress) U.S. R-29 and Norwood Road					d. STREET ADDRESS 10604 Inwood Ave. e. IS RESIDENCE ON A FARM YES NOT					A FARM?
		NAME OF DECEASED (Type or print)	Ray Earle		middle arrick		Lost	4. DATE OF DEATH	April 9	h Do		or 9 59
	5. \$	male	6. COLOR OR RACE white	7. MAR	RIED A NEVER MARRIED /ED DIVORCED		ATE OF BIRTH 3/22/32		9. AGE (In years lost hirthday) 27 yrs.	Months Days	Hours Hours	ER 24 HPS. Min.
	10o	usual occupation using most of working Machinist	DN (Give kind af work g life, even if retired)	Jo	KIND OF BUSINESS OR IP thns Hopkins tysics Lab.	NDUSTRY	Washingto			12. CITIZEN C		COUNTRY?
	13.	FATHER'S NAME Earle R.	Carrick			1	4. MOTHER'S MAIDEN I		ith			
)			R IN U. S. ARMED FO (If yes, give war or dates of	service)	6. SOCIAL SECURITY NO. 579-44-6072		Earle R. (Carriel	Address c, 9319 W			
V	NOI	Canditions, if an gave rise to immed (a), stating the uncause lost.	inderlying DUE TO (c) ER SIGNIFICANT CON	Co	ebral hemorrh mpound fractu uto accident	BUTNO	of skull		E CONDITION GIV	/EN IN PART I(o)	19. WAS A	AUTOPSY RMFD?
0	AL CERTIFICATION	200. EXTERNAL CAU PRIMARY (1) or CON CAUSE OF DEATH.	SE WAS ITRIBUTING	b. DESCR	njuries, exti	hea	d on collis	ion			YES 🗌	но [₹
lijen.	MEDICAL	20c. TIME OF INJUR 5:45 p. m.	4/9/59 19	What	Not while work of work	factory	nighway	, c	olesville	(County) Montg	. M	(State)
2		ACTUAL SIGNATURE		San San	remains described causes [], Accident	ent 🔼		Hamicide XAMINER CAL EXAMINE	R . A	1 /	DATE S	d in my
		BURIAL CREMATION REMOVAL (Specify) BURIAL EUNERAL DIRECTOR WARNER E	4/13/59 SSIGNATURE PUMPHREY,	INC.	FT. LINCOLN ADDRESS SILVER S	CEM	ETERY 240 REC		TION (City, town, on the CE GEO.		(Stote)

Good Annuative hear & C-CHARLE OF THE PROPERTY. A AUTO TOTAL AND THE The Property of the Bolthway D13-402-178-128-744-218-THE REPORT OF THE PARTY OF THE THE MARKET HER COMMITTEE OF THE PARTY OF THE WARRANTSON A COLOR OF THE PARTY CONTRACTOR OF THE STATE OF THE The state of the country of the coun The sale sense notes to the first A. Sale by State County and the sale of the

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4510

CERTIFICATE OF DEATH

04477

Reg. Dist. No.

>	1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE Maryland	b. COUNTY	ce before odmission)
	b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	The Clinical Center, Be	thesda lu, Md.	11 West Irvin	z Street	YES NO DE
	3. NAME OF First DECEASED (Type or print) Elizabet	Middle	Lost 4. DATE OF DEAL		Day Year
	5. SEX 6. COLOR OR RACE 7. MARI		Chase DEAT	Jan Andre	7, 1959
	Female White WIDOW	ED DIVORCED S	September 18, 1903	last birthday) Months 7 yrs. 8	Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	country) 12. CIT	IZEN OF WHAT COUNTRY
	Teacher	School Teaching	Washington, I) C.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		O.D.A.
	Adalah Wattana		Elizabeth E	Transfer	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECTION NO. 17 IN	Elizabeth E.	Lewis Address	
	(Yes, na, or unknown) (If yes, give war or dates of service)				
	No		ne Clinical Center	Bethesda 14	Maryland
	18. CAUSE OF DEATH [Enter only one couse portion of the couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pe for (o), (b), and (c).	almonary E	mboles	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate (b)	ight the	Femoral Th	Lombophlebil	ti 8 who
	couse (o), stoting the under- lying couse lost. DUE TO (c)	exagatic	Carcenona)	Breagt	15 MS.
	PART 11. OTHER SIGNIFICANT CONDITIONS (20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE THERE, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES PQ NO
		CRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Part I or P	art II of item 18.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. It Hour o. m. 19 White at wor	Not while foct	CE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	ity or tawn) ((County) (State)
	21. I certify that I attended the deceas		, 159 , to April		last saw the decease
	alive an April 7. 19	59, and that death	accurred at 9:00 AM, fro	am the causes and an t	he date stated above
П		100		(Street, city or town, state)	DATE SIGNE
	SIGNATURE DONOUGH.	Ollow.	The Clinical		4-7-59
		Mary M	National Ins	titutes of Hea	7 1 00
	PHYSICIAN'S Donald A. Kell	ogg, M. D.	Bethesda 14		
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town, ar caunty)	(Stote)
	Burial 4-9-59	Prospect Hi	ll Was	hington, D.	C.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGI		
	Robert A. Pumphrey, B	ethesda 14,			
				0-71 - 0 4	A

MANYLAND STATE DEPARTMENT OF HEALTH-PAITINGET, F

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	altaube hill Decie		Adolph Rabbara
	Property Landboll and		
Bright And Annual	Olimber L. Centres, Better a		
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1372 Y 18			ę

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attending a

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1511

CERTIFICATE OF DEATH

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200	Diet	No		

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M	1. PLACE OF DEATH a. COUNTY Montgom	ery
	b. CITY OR TOWN (IF Were that and give near Nensing to	arest tawn
X	d. NAME OF HOSPITA OR INSTITUTION 3316 Uni	
	3. NAME OF DECEASED (Type or print)	Jo
	5. SEX male	6. COLO
	10a. USUAL OCCUPATIO during most of worki Retired	N (Give k
7	13. FATHER'S NAME William	Clar
	15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. If yes, give v
	18. CAUSE OF DEA	TH [Enter
	PART I, DEAT	H WAS C

TOTT		Reg.	. Dist. No.
n. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resact STATE Maryland b. COUNTY MC	ontgomery
b. CITY OR TOWN (If autside carporate limits, write weight and give nearest tawn) NENSING CON		X c. CITY OR TOWN (If autside carparate limits, write RURAL cest Kensington	and give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street	address)	d. STREET ADDRESS	e. IS RESIDEN

OR INSTITUTION	iversity			d. STREET ADDRESS 3316 U1	nivers	ity Blv	d.			FARM?
3. NAME OF DECEASED (Type or print)	John	David	Middle (clark	4. DATE OF DEATH	Ap	ril	1600	ıy 1	Year 19 59
5. SEX male	.5 0 1	7. MARRIED NEVER	MARRIED	//2//		9. AGE (In years day birthday) yrs.	IF UNDE Manths		Haurs Haurs	R 24 HR
10a. USUAL OCCUPAT during most of wo Retired	ION (Give kind of work prking life, even if retired to the control of the control	dane 10b. KIND OF BUSI	ness or indu	Englar	120	ountry)	12. CI		S.A.	
13. FATHER'S NAME William	Clark	1 1 E		Rebecca	N NAME	Le				

Rev. Edward O. Clark St. N.W. Wash, D.C. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT

PART I. DEATH WAS CA	USED BY:	Acute Congestive Heart Failure	ONSET AND DEATH
491X Canditians, if any, which)	DUE TO	Bronchopneumonia	5 days
gave rise to immediate cause (a), stating the <u>under-lying cause last</u> .	DUE TO		
PART II. OTHER SIGNIFIC	ANT COND	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

Gerebral Thrombosis YES NO NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, | 20f. (City ar tawn) Day, Year (State) (County) factory, street, affice bldg., etc.) a. m. Nat while at wark at wark

21. I certify that I attended the deceased from and that death accurred at M. from the causes and an the date stated abave.

ACTUAL Concord Street

PHYSICIAN'S NAME (Type) Thibadeau, M.D. Kensington, Md.

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) burial (Specify) Northwood Cemetery

(State) Philadelphia, Pa.

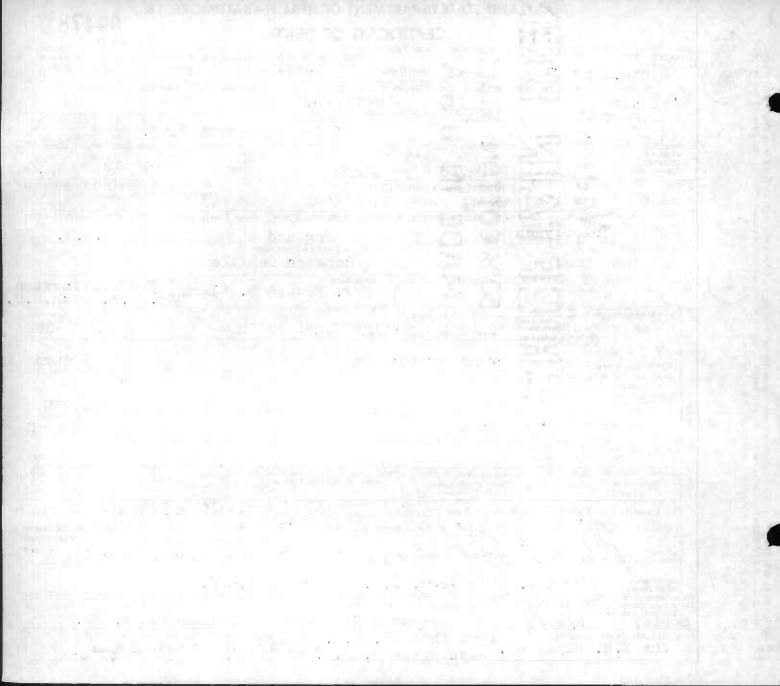
23. FUNERAL DIRECTOR'S SIGNATURE 2901 Portet St. N.W. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S.H. Hines Co. DATE PR 2 0 '59 arthur S. Kraus Washington 9. D.C.

that the death certificate be has been signed burial-transit

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TO FUNERAL DIRECT may VS A15 (4) 15M 9/5B

HOSPITAL OR retained prior



FOR STATE HEALTH DEPT

Poge Files.

ter death. If any delay is necessary, 2, and 3 to the funeral direction of the factor of the factor of 2 with the State Board of the 72 four offer death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

execute the certification writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 4 should be forwed at the Chief Medical Examiner's Office along with form PM3. Age 5 to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages on an its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4479 Reg. Dist. No. 215

1,	1. PLACE OF DEATH 6. COUNTY Montgomery MARYLAND						o STATE b. COUNTY Maryland b. COUNTY					
-	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)							outside corpo	orote limits, write	RURAL of	nd give no	earest tawn)
	Bethesda (Rural) 8 days					California 18 x - 2						
	The state of the s		If not in ho	ospital, give street address)		d. STREET ADD				<u> </u>		e. IS RESIDENCE ON A FARM?
	U. S. Nav	al Hospital				RR						YES NO X
3. 1	NAME OF	Fir		Middle		Lost	1	4. DATE	Mont	h	Day	Yeor .
	Type or print)	Sune	hine	(none)		CLARK		OF DEATH	Apr	il	3	19 59
5. S	EX			IED T NEVER MARRIED] 8.			1	9. AGE (In years	IF UNDE	RIYEAR	IF UNDER 24 HRS.
Fe	male	Caucasian	WIDOWI	ED DIVORCED		5-27-27			31 yrs.	Months	Days	Hours Min.
100	. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE	E (Stote o	r fareign co	untry)	12. CI	TIZEN O	WHAT COUNTRY?
	Housewife	ng life, even if retired)				New	York			I	J.S.A	
	FATHER'S NAME					14. MOTHER'S MA	NIDEN NA	AME				
E	lling JOH	ANNESSEN				Lilly (unkn	own)				
15.	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. IN	FORMANT			Address			
[Yes	No No	Ilt yes, give war or dates of	zervice)	Unknown	(H)	Jack Cl	ark,	same	as #2 a	bove		
-		TH [Enter only one car	use per line	for (a), (b), and (c).							INTER	VAL BETWEEN
				ebral edema a	ha	contucio	n					B days
	816X		Cel	entat edema e	110	CONTUBEC	717				-	Jays
	Conditions, if	DUE TO	Tni	uries sustain	500	in suton	noh:1	900	ident			
	gave rise la imme	diate cause	7111	uries sustain	ieu	In auton	TODTI	e acc	TOETTO			
	(a), stating the											
z		HER SIGNIFICANT CON		CONTRIBUTING TO DEATH I	UT NO	OT RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(0) 1	9. WAS AUTOPSY
CERTIFICATION												PERFORMED?
FIG	The second secon	of pelvis	DE DESCRI	BE HOW INJURY OCCURRE	D. (En	ter noture of injur	v in Port	Las Port ILs	of item 18.1.			
ERT	20g. EXTERNAL CA PRIMARY 10 or CC CAUSE OF DEATH			assenger in c								
	20c. TIME OF INJU	IRY Manth, Doy, Ye	dent.	thrown from	CAI	to high	ne form	and s	truck by	r_thi:	rd VE	chicle. (Sinte)
MEDICAL	6:45 p. m.		WE	la Not while	TOCTO	y, street, office on	ag., etc.)	i				
×				Adult Of Mork MIT.								
				remoins described					_		ігу 📙	
	opinion death	resulted from:	Naturol	couses [], Accide	nt []	d, Suicide [, H	lomicide	, Under	ermined	manne	er 📙
	ACTUAL S	4 10	2	1 4		C						DATE SIGNED
	SIGNATURE	hand for	Bu	eschael		M.D. CHIEF MED						
	EXAMINER'S							L EXAMINER			4-4-	-50
	NAME (Type)	Frank J. 1		maryon to the second se				XAMINER				
220	REMOVAL (Specify	ON. 226. DATE THERE		22c. NAME OF CEMETER	Y OR (CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
-	Burial	Apr. 7,	1959	1 0 kg 04 04 04	he	Nazarene			ifornia			Md.
14	PUNERAL DIRECTO	75 1 6111 mps 11		ADDRESS		24	AP	R 8 '5		rthug		
M	attingly	Funeral Hon	ie, Le	eonardtown, M	d.	D	ATE			4	, / 0700	/ 0

ASS MEDICAL EXAMINER'S DERTIFICATE OF DEATH THE RESERVE THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4513MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give morest town) d. NAME HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE for ON A FARM? YES NO NAME OF Middle DATE Last Month Day Yeor DECEASED (Type or print) DEATH 19.50 5. SEX COLOR OR RACE MARRIED NEVER MARRIED & B. DATE OF BIRTH 9. AGE (In pages IF UNDER TYPAR IF UNDER 24 HRS. Months Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS LOGITIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101/19, WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not white a. m. of work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . and in my opinion death resulted from: Natural causes . DIRECTOR: Accident . Suicide . Homicide . Undetermined manner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURES should be FUNERAL D ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Slote) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S MIGNATURE VS. A15ME arthur S. Thank 5M 2/57

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VS A15 (4) 15M 9/55

	7700	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MONT GOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMB PARK 3 WEEKS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION TOO HUDSON AVENUE. HOME	d STREET ADDRESS
	3. NAME OF DECEASED (Type or print) NELLIE HOATH	COLLINS 4. DATE Month Day Year OF DEATH APRIL & 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH PRIL 11, 1871 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: lost birthday) 8 7 yrs. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT U. S. A.
	13. FATHER'S NAME JOHN HEATH	14. MOTHER'S MAIDEN NAME AN N -
	(Yes, no, or unknown) (If yes, give war ar dates of service)	RS. WCCDROWW. WHITE CLINTON, MD.
	18. CAUSE OF DEATH [Enter only one couse per line for to), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	ema of the Vagina interval Between onset and Death 22 miles
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO	
3	TOTAL	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Part I or Part II of item 18.)

30x 525 ITERVAL BETWEEN 19. WAS AUTOPSY PERFORMED? YES NO Z OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CER MEDICAL 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20f. (City or town) Year (County) (State) Hour O. f1. While Not while of work 19 of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at 435A M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OF GREMATORY BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town) or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS wash. 246. REGISTRAR'S SIGNATURE 24a. RECID BY REGISTRAR The ST.N.W. D.C. Cirthur S. Krays DATE

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eral director,

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained to the hospital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the may be retained by the haspital or attending physician.

• FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shap the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04482

П	4014	OEKTII 107		Re	eg. Dist. No.
	1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where dece- o. STATE	b. COUNTY	Residence before admission) 10NTGONERY
		E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		L and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION	dress)	d. STREET ADDRESS 9605 SINGLE	Grow DR	ON A FARM? YES NO
	3. NAME OF DECEASED	Middle	Lost JR, 4. DAT	E Month	Day Yeor
	5. SEX 6. COLOR OR RACE 7. MARRIER	D NEVER MARRIED	CORCORAN DEA	7	UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED	2	2/24/19		onths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS		n country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	MARC DISTRIC	14. MOTHER'S MAIDEN NAME	0	45.7
1	THOMAS PHILLIP COR	XORAN SR.	ELIZABETH	BRADA	
-	TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no., or unknown) (If yes, give war or dates of service) 1938 - 1942	OCIAL SECURITY NO. 17. II	RS. MARY C.	CO RCOA	ean
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	for (0), (b), and (c).] ife supercu	rdéal infaic , to'c conditions	tion -	INTERVAL BETWEEN ONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or	Port II of item 18.)	
	Hour o.m. While	URY OCCURRED 20e. PL/ Not while of work	ACE OF INJURY (Home, form, 20f. (ctory, street, office bldg., etc.)	City or town)	(County) (Stole)
	21. I certify that I attended the deceased alive on April 195 ACTUAL SIGNATURE PHYSICIAN'S HORACE W. BER		accurred at 3 A M, fi		hat I last saw the decease I an the date stated above te) DATE SIGNE WR 4/8/15
	PEMOVAL (Specify)	22c. NAME OF CEMETERY O		CATION (City, town, or co	
	23. FUNERAL PIRECTOR'S SIGNATURE PUMPHREY	Bethesda,		GISTRAR 246. REGISTRA	AR'S SIGNATURE

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		877862 B	M SIMSTON PARENT

MARYLAND STATE DEPARTME

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04483

	4515	CERTIFIC	ATE OF DEATH	Reg. [Dist. No.
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	O STATE TETRATOLTA	ere deceased lived. If institution: Reside NGTON b. COUNTY MON	
b. CITY OR TOWN (RURAL and give no	outside corporate limits, write earest town er Spring, Mo	c. LENGTH OF STAY IN 16	11	Itside corporate limits, write RURAL and	give nearest town)
OP INSTITUTION	TAL (If not in hospital, give street au Gardens Nu		d. STREET ADDRESS	VASH PLLEE	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Ida	Middle	Cross	4. DATE Month OF April	25 Day Year 19 59
Female	6. COLOR OR RACE 7. MARI		Nov 2, 18	9. AGE (In years If UNDE last birthday) 3 yrs. Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INE	Va Parana	r foreign country) 12. C	ITIZEN OF WHAT COUNTR
HENRY	R.RICHARDSO	N	14. MOTHER'S MAIDEN NA	CAMPE	BELL.
S. WAS DECEASED EVE IYes, no. or unknown	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	MRS VULIAN (OTTRELL, 10601	NASH FL
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cachexia,	Somatic exha	austion	INTERVAL BETWEEN
Conditions, if a		Carcinomat	osis, Primar	y,Breast	5 Years
gove rise to i couse (o), stating lying cause lost.					
PART II. OTI	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. I While at wor	Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State
21. I certify the alive an Apr	nat I attended the deceas	50	19 10 Ap	n.	l last saw the deceas
ACTUAL SIGNATURE	Plus 1	and that dea	A	_M, Fram the causes and an ADDRESS (Street, city or town, state) noord Street	DATE SIGN Apr 25, 19
PHYSICIAN'S NAME (Type)	Robert T. TI	nibadeau	M.D.	on, Maryland	
	ON, 22b. DATE THEREOF	22c, NAME OF CEMETERY	OR CREMATORY CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR	's SIGNATURA CONTACT	ADDRESS WASHINGS 4 CARROLL		BY REGISTRAR 24b. REGISTRAR'S S	SIGNATURE &

an interest	HEARIGEO SCATE OF DRAFF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

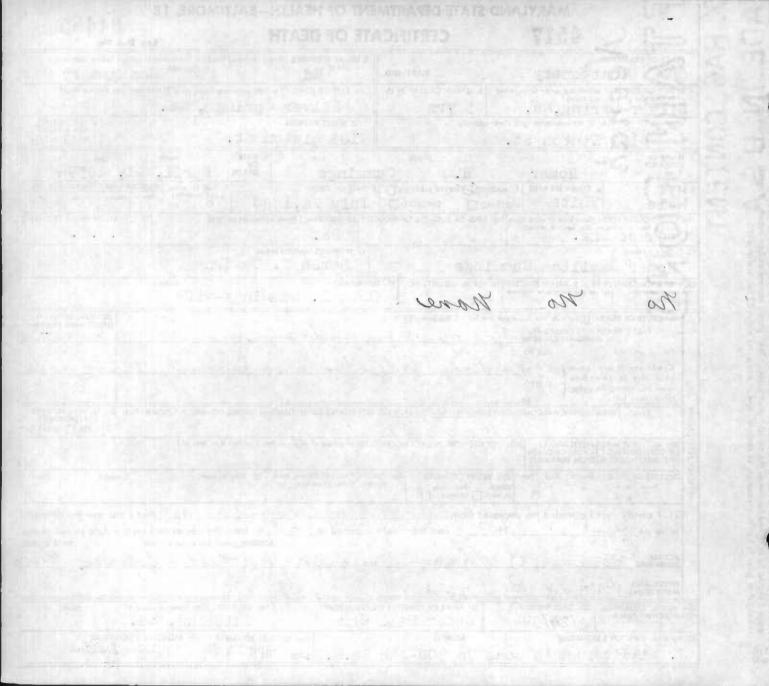
4517 CEPTIFICATE OF DEATH 04485

XOT	CERTITION	AIL OI DEAIII	Reg. D	ist. No.
1. PLACE OF DEATH O. COUNTY Montgonery	MARYLAND	2. USUAL RESIDENCE (Where dec	I COLUMN	tgonery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md.	5 yrs	c. CITY OR TOWN (If outside of Silver Spr	corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 9103 Linton St.	oddress)	d. STREET ADDRESS 9103 Linton S	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Homer	Middle Cu	tost 4. DA		Doy Year L, 195919
5. SEX 6. COLOR OR RACE 7. MARR White Widows		B. DATE OF BIRTH July 28,1880	9. AGE (In years IF UNDE Months yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Ordance Eng.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or forei		U.S.A.
13. FATHER'S NAME Homer Hamilton Cummi	ngs	Sarah E. Co	owden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. np. or unknown) (If yes, give year or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT Rosa K. Cummir	ngs-wife	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. Conditions, if ony, which gove rise to immediate (b) DUE TO (c)	feir-sele	rotic vascu	lar revolfails	onset and death themthe
PART II. OTHER SIGNIFICANT CONDITIONS C				RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour o. m. While	NJURY OCCURRED 20e. PL	D. (Enter noture of injury in Port I o		(County) (State)
21. I certify that I attended the decease olive on april 21. 195. ACTUAL SIGNATURE FRANKER PHYSICIAN'S FRANKER	-	/	from the couses ond on ss (Street, city or town, state)	lost sow the deceased the dote stoted above DATE SIGNED
PAME (Type) 220. BURIAL, CEPALTION, 22b. DATE THEREOF REMOVAL (Specify) 1, 24/59	22c. NAME OF CEMETERY O Cedar Hill		ocation (City, town, or county) Suitland, Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE J. William Lee's Sons	ADDRESS	24a. REC'D BY RE	EGISTRAR 24b. REGISTRAR'S S	IGNATURE 7 S. Frank

may be retained by bospital ar attending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Rages 1 and 2 shauld the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by cospital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04486

2010				Reg. Dist. No.
1. PLACE OF DEATH Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE D. C.	deceased lived. If institut b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporote limits, write	RURAL and give nearest town)
Kensington	5 mos	Washington	4	-7x-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	CT W W	e. IS RESIDENCE ON A FARM?
ensington Gardens Nurs			st., N.W.	YES NO
3. NAME OF DECEASED (Type or print) Ida Frances	Cummings	Lost 4. D	ATE Month	12 19 59
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years lost birthday)	IFUNDER TYEAR IF UNDER 24 HRS
female white WIDOWE	dh.	9/10/1866	92 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	(IND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (Stole or fo	reign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		JOGA
		THE THE STREET THE	67	
	Day	FORMANY	C1a Address	gett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. [Yes, non-Nohnown] [If yes, give wer or dotes of service]	Nama	Nursing Home		
18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Coronary oc	aluaian		1 hr.
4420. / MMEDIATE CAUSE (6)	colonaly co	Clusion		*****
Conditions, if any, which) (b)				
gove rise to immediate cause (a), stating the underlying couse lost.				
	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
Fracture of rt. h	10-1			PERFORMED?
	E HOW INJURY OCCURRED. (E	nter nature of injury in Part I or	Port II of item 18.)	
2	factor	E OF INJURY (Home, form, 20, street, office bldg., etc.)	Of. (City or town)	(County) (Slote)
Hour e.m. 19 While of we	e Not while racto			
21. I certify that I took charge of the opinion death resulted from: Natural of				Inquiry , and in my
ACTUAL SIGNATURE BOLL D. BAZZ	chart	M.D. CHIEF MEDICAL EXAMIN	NER 🗀	DATE SIGNED
EXAMINER'S Frank J. Brosc		ASSISTANT MEDICAL EXAM	INFR []	12/59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial-transit 4-13-59	22c. NAME OF CEMETERY OR Walnut Hill	CREMATORY Cem. 222d	citchfield	Kentucky
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY	Bethesda,	Mcd 24e. REC'D BY	REGISTRAR 246. REGIS	STRAR'S SIGNATURE

AMEDICAL EXAMINED & CELTERICATE OF BRATIS 100 be of the first of the control of the first of the The state of the s

4469 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 00 m eti b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corperate limits, write RURAL and give nearest town) 1 M d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NO NAME OF Middle DATE Last Month Year Day DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours WIDOWED [DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sou! 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1100 IMMEDIATE CAUSE (a) **DUE TO** by Conditions, if ony, which peen signed gave rise to immediate Per I DUE TO coese (o), stating the underburial-transit removal and lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while 19 at work at work p. m. 21. I certify that I attended the deceased fram. .that I last saw the deceased alive on_ and that death accurred at 7:30 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) JAMES M. WHITLOCK.M.D. FUNER, 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) BURTAT CEDAR CEMETERY 0 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE W. HYSONG COMPANY INC. D.C. 2 2 '59 DATE 1SM 9/SS Orthur & the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CHAIN HILLS CHEST	Title 91 sep	24/25/
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death. Page 4. O FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the state page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 22 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer may be retained by a hospital or ottending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the interval.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4519 CERTIFICATE OF DEATH

04488

Reg. Dist. No.

1	o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	x c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Breakle Greite toundation	d. STREET ADDRESS 47740 Bradley Blvd e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3	3. NAME OF DECEASED (Type or print) Helen L	Parlson 4. DATE Month Day Year OF DEATH April 15 1959
5	s. sex female Cauc, widowed Divorced S	DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) 6. Yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ART ILLUSTRATOR U.S. GOV *T.	TRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
1:	13. FATHER'S NAME Chas. E Lewis	14. MOTHER'S MAIDEN NAME Edith H. Smart
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-IN NO. 17-IN 1579-46-3599B	slip Davisin 4740 Bradley Blyd
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate	ite Heart Deserve There on The Heart West and Death There of the Server
	couse (o), stoting the under: Source Open Op	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATIC	PERFORMED? YES NO
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Port II of item 1B.)
A CICATO	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Lf/C alive an C 1957, and that death actual signature PHYSICIAN'S NAME (Type) J. W. BIRD	accurred atM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 4///////////////////////////////////
2	220. BURIAL CREMATION, BURIAL Specify) BURIAL Specify) 4/18/59 220. NAME OF CEMETERY OR BURIAL CEMETERY OR AVAILABLE OF CEMETERY OR AVAILABLE OF CEMETERY OR BURIAL CREMATION, 22b. DATE THEREOF BURIAL CREMATION, 22b. DATE THER	(510.0)
2:	23. EUNERAL DIRECTOR'S SIGNATURE SERVICE SASSIFICATION SAS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2. My Capture Dates PR 1 7 '59 Carthury S. Frank

71.77		
	grows grows	
		Call and All a

TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital ar otherding physicion. TO FUNERAL DIRECT Kiter this certificate has been signed by the attending physicion and campletely filled in by the indirector, page 3 should be derached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 bours after death.

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	JIA.		•	TIEMETTI - DARTIMORE,	

4520

CERTIFICATE OF DEATH

04489

	3			wag. Dist. 140.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Montgomery	MARYLAND	Mary	land	Montgomery
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write R	URAL ond give nearest fown)
Kensington		X Chevy (Chase	
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Kensington Gardens	3	6815 B1	rookville Ro	ad YES NO X
NAME OF First DECEASED	Middle	Lost	4. DATE Mon	th Day Year
(Type or print) IDA	E	DeVEAU	OF DEATH Apri	1 21 1959
	AARRIED NEVER MARRIED	8. DATE OF BIRTH		
	OWED N DIVORCED	Feb. 21, 18	9. AGE (In years lost birthday) 85 yrs.	Moeths Day Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife	Own Home	New Yor	rk.	US
. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Mhaadama Bara	l a de	IInl	known	
Theodore Bur. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		"Chevy Chase,
(es. no. or unknown) (If yes, give war or dates of service)				es Bridge Rd.
No l		onald E.DeVe	zau, 4100 Joi	
18. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), ond (c).]	1 7 1	1.	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocardia	Intarc	non acul	e Smin.
420.1 DUE TO	1 1			
Conditions, if ony, which	Anteniosch	PU 0515 07	enem 1. 501	1PM 5 1/157
gove rise to immediate	. 1		11211) 311	are syres
lying couse lost.	HUDENTENS	100 5011	PND	5 VINS +
, (c)	NS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NO SEPTIMOS IN TO SEPTIMOS	THO RELATED TO THE TERMIN	NAL DISEASE CONDINOIS OF	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Part II of item 18.)	120 100
OR CONTRIBUTING CAUSE OF DEATH	-			
	d. INJURY OCCURRED 20e. PL	ACE OF INJURY IHome, form	1204 (6)	
Haur a.m.	hile Not while fo	ctory, street, office bldg., etc.) Lot. (City of fown)	(County) (State)
p. m. 19 of	wark ot work			
21. I certify that I attended the dec	eased fram	1954, to A	pri 121, 1950	that I last saw the decease
alive an April 19 1	259 and that death	occurred at 730	M. from the causes of	and on the date stated above
1 4 1	11 11		ADDRESS (Street, city or town,	state) A DATE SIGN!
SIGNATURE SULLAN	16 VR 16 16	un 30017	nanmar	ST App. 111
SIGNATURE C	1 61.11	m.v		dikud-d-folkininkotad
PHYSICIAN'S STEWANT	CLAPP	6095	6 15 DI	C.
O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county) (State)
Burial 4/24/59	Ft. Lincol	n Cemeterv	Prince Geo	
. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		1	TRAR'S SIGNATURE
ROBERT A. PUMP	HREY, Bethesd			Thuy & House

	PROPERTY OF DEA	3	
		DIES HEIGHT N	
		e control	
	Man Calling		
		1	
La receiva de la			
	L. Ha Abel	ngas , 73	

D FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the plactor, page 3 should be defacted for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or removal, and in any event within 72 hours after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4521

04490

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND 2	o. STATE MARYL	e deceased lived. If B.C. b.C.	institution: Residence OUNTY MONT	before admission) GOMERY
b. CITY OR TOWN (If outside carporate limits, write c. LENGT	TH OF STAY IN 16	c. CITY OR TOWN (If out			
RURAL and give nearest town) BETHESDA 4	rears	BETHE	SDA		
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	1	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
5404 EDGEMOOR LA	NE	5404 EDG	EMOOR	LANE	YES NO
3. NAME OF DECEASED (Type or print) FANNYE	Middle SINGER		OF DEATH	Manth	Day Year 2/ 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NE		DATE OF BIRTH	9. AGE (II	vears IF UNDER 1	
FEHALE WHITE WIDOWED	DIVORCED [lost bir		Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during mast of working life, even if retired)	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)		EN OF WHAT COUNTRY
NONE	/	MISSOU			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
JOHN DINGER		MARY	15		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. INFO	RMANT	Aug	Address BC	THESON, MO.
(If yes, give war or dates of service)	E MAK	ZION D. FRI	END 5	404 E06	EHOOR LAN
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	ronary	Marcher Mark	n aci Oisease		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT		Enter nature of injury in Par			PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOV OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V HAJORT OCCORRED. (the nature of injury in 7 of	TOT TOT IT OF TIGHT	10.7	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCI Hour o. m. 19 While Nat p. m. 19 at work at work	while factor	OF INJURY (Hame, farm, y, street, affice bldg., etc.)	20f. (City or town)	(Co	ounty) (State)
21. I certify that I attended the deceosed from alive on Charles 21, 19.57,		., 19 <i>5</i> 0, to <i>C</i> ccurred ot <i>IIIF</i> AC	M, fram the co	uses and on the	e date stated abave
PHYSICIAN'S JEROME J. KR	ick			,	//
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAI	ME OF CEMETERY OR C	REMATORY 2	2d. LOCATION (City.	tawn, or county)	(State)
CREMATION T-24-17 CE	DAR HI	LL	DUITE	FND 1	TARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE ADD	RESS 1			. REGISTRAR'S SIGN	
Joseph Jacoby Low 19	16 Ta Clue	MILL DATEAPR	2 4 '59	arthur & 1	Raus

ATE OF DEATH		
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		OF MAY ARREST TO THE PARTY OF T
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	2012 3 T	Sufferor transmit when

		MARYLAND	STATE DEPARTA	LENT OF HEALTH	-BALTIMO	ORE, 18		- ()
23		1,595	CERTIFIC	ATE OF DEATH		Reg	()4 g. Dist. No.	491
director 99	1. PLACE OF DEATH a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who s. STATE MARY).		COLINITY	esidence before MON'TGOM	
death de be fall	b. CITY OR TOWN RURAL and give r SILV	(If autside corporate limits, write learest town) ER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limit	ls, write RURAL	and give near	est tawn)
by # 12 show		TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	ACE CHURCI	H ROAD		IS RESIDENCE ON A FARM? YES NO-
in 24 hau filled in ges I and	3. NAME OF DECEASED (Type or print)	First ALFRED	Middle LEO I	Lost DONALDSON, SR.	4. DATE OF DEATH	Month APRIL	Day 8	Year 1959
detely fills. Poges	5. SEX MALE	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH MARCH 19, 187	9. AGE last b	oirthdoy) Mar		F UNDER 24 HRS. Haurs Min.
d camp	100. USUAL OCCUPATI during most of wor Automobile	ON (Give kind of work done 10b. rking life, even if retired) painter (retired)	kind of Business or indi		ton D. C.			WHAT COUNTRY?
an a	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
physiciar move ca haurs of		Onaldson ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 117	Unknow	n	Address		
certii	(Yes, no or unknown)	Md was mine come as distincted and completely		rs. Martina H	. Donalds		3 Grace	Church R
the death and in within the death		ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	my Ih	rombo	Sil	LLAT GA	AND DEATH
es that and any every ev	Conditions, if a		teciose	Cerete	7/02-21	Dis	20mei	-
signe signe	cause (a), stating lying cause last.	the under-						
physician physic	CATI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	ITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO D
HAN: The sending Ficate It the burn or ren		AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURR	D. (Enter nature af injury in P	art I or Port II of ite	m 18.)		
PHYSIC al ar at this cert use as ematian	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Year 20d. I While at war	Not while fo	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.	20f. (City or town)	(County)	(State)
hospit : After ched fa urial, cr	21. I certify the	hat I attended the deceas	_	9 19 19 10 - 0	9			w the deceased
OR ATTE	ACTUAL SIGNATURE	naura 3	antheir		ADDRESS (Street, city			DATE SIGNED
IA Show show	PHYSICIAN'S NAME (Type)	J. Marior	1 Bankhe	ed Selve	Syni	y bu	d	// / /
o Hospi may be o Funes poge 3 the regim	22a. BURIAL, CREMATIC BUREMPIAL (Specify	4/10/59	PARKLAWN CEME		228. LOCATION (CI			(State) YLAND
VS A15 (4) 15M 9/S5	23 FUNERAL DIRECTOR	PURPHREY INC.	SILVER SPRING	MD. 240. REC'D	BY REGISTRAR	246. REGISTRAR	's SIGNATURE	

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TIPE ASSESS TIPE		1710-11-11		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4523 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If, outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE **OR JINSTITUTION** ON A FARM? YES NO T NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 197 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HA Months WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or 12. CITIZEN OF WHAT COUNTRY? /dufing most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN 0 PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDA YES NO IT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour a. fi. foctory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I attended the deceased fram Jan 195 4. that I last saw the deceased 120 alive on 4 and that death accurred at_ M, fram the causes and on the date stated above. ADDRESS (Street, Ally or fown, state) DATE SIGNED ACTUAL DIREC ď P PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 226, PATE/THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cirthung & Through

VS A15 (4) 15M 9/55

HOSPITAL

35.75	
26.7.72	

OR STATE HEALTH DEPT.

TO DEPUTY MEDICA. EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certification writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral directions 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a funiq-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremating for removal, and in any event within 72 hours after death. M

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4489MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	()	4	4	y	0
Reg.	Di	st.	No		

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Monteonery MARYLAND	o. STATE b. COUNTY ments
b. CITY OR TOWN (If outside comprete limits, write RUAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest lawn)
and giveneated town)	26 Rocharlle
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
5824 Vanderdoit aux	534 Beall are YES NO DA
3. NAME OF DECEASED Middle	Last 4. DATE Manth Day Year
(Type or print) Enoch Burn Edu	varde DEATH apr 3 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	front for the description of the second of t
Brale White WIDOWED DIVORCED	3-16-1897 66 yrs. Months Pays Hours Min.
100. ISUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Canhe tes Self-Empl.	Va 21.50
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
6 - 8 90 - 0	Sarah Oliver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. N	NFORMANT Address
[Yes, no, er unknown] (If yes, give wor or dates of service) Yes	6 1 14/0 mm. /send
NO	Druga Edward (Son) Hyallsville med
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Colonory	· Occhision sudden
4 oc 0. Due to	
Conditions, if ony, which gave rise to immediate couse	
(o), stoting the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO A
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (E)	Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Slote)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held on Autopsy , Inspection , Inquiry , and in my
apinion death resulted from: Notural couses . Accident	
SIGNATURE Trans f. Brone least	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S PLAME T. BOOSCAZLY	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 4-3-59
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 4-6-59 George Wash	ington Cem. Hyattsville, Maryland
Burial 4-0-39 George Wash 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda 14, M	

AND RELIGIOUS AND MEN SECRETARIAN AND SEATHER OF DEATH 7400 Britain .lume-lioz CONTRACTOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4524

CERTIFICATE OF DEATH

114494 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLAND	2. USUAL RESI	DENCE (W		lived. If instituti b. COUNTY		before odn	
RURAL ond give n	If outside corporate limi earest town) SPRING	ts, write	c. LENGTH OF STAY IN 16 3 months	c. CITY OR		outside corpore ER SPRI	ote limits, write R	URAL and giv	e nearest to	own)
	IAL (If not in haspitol, g 410 TARRI			d. STREET / / 410		INGTON	PLACE		10	RESIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Fir ANN.		Middle ELIZABETH	ELLIC		4. DATE OF DEATH	APR	<u>'</u> ት	Dqy 14	Year 59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT 7/21/73	Н	9	9. AGE (In years last birthdoy) 85 yrs.		YEAR IF UN	DER 24 HRS.
10a. USUAL OCCUPATION during most of wor HOMEMAKER	ON (Give kind of work king life, even if retired	1	KIND OF BUSINESS OR INDI			vania	untry)		S.A.	AT COUNTRY?
13. FATHER'S NAME MICHAEL 3	JENNINGS			CECEI		ENNIN				No all
15. WAS DECEASED EVE (Yes, no or unknown) NO	R IN U. S. ARMED FOR (It yes, give wor or dates of s			HIFORMANT George	Elli	ott, 41			Place	
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate the under-)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	The L	AINAL DISEASE	CONDITION GIV	ase ZEN IN PART I	(o) 19. WA	S AUTOPSY FORMED?
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	D. (Enter nature of	of injury in	Port I or Port	II of item 18.)			□ NO Ø
	Y Month, Doy, Yes	20d. Il While of wor	Not while fe	LACE OF INJURY I	Home, forme bldg., et	m, 20f. (City o	or town)	(Cou	unty)	(State)
21. I certify the alive an	pat I attended the first 10 Patrick J	., 12 ch	and that deat	h occurred at	9, to 4 120 W		the causes coet, city or town,	ind an the		ne deceased ated abave. DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	22b. DATE THEREC 4/17/59	F	FT. LINCOLN				ON (City, town, of GEO. O			AND
23. FUNERAL DIRECTOR	1 /1 /1 11	INC.	SILVER SPRI	NG, MD.	240. REC	D BY REGISTR		STRAR'S SIGN		

TO may be retained by the hospital or ottending physicion.

TO FUNERAL DIREC

After this certificate has been signed by the ottending physicion and campletely filled in by the herol director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with page 3 should be detached for use as the buriol, transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with VS A15 (4) 15M 9/SS

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AJTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

death. Page 4

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TO HOSPITAL OR LITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of ideath. Page may be retained the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon/pages. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.

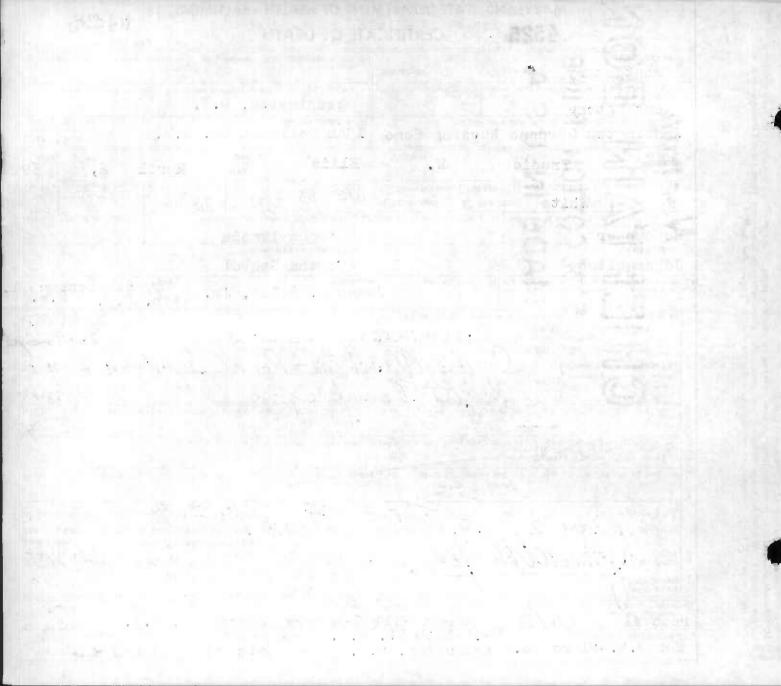
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AARYLAND	STATE	DEPAR	TMENT	OF	HEA	HTI	-BALTIMORE,	18
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4525 CERTIFICATE OF DEATH 04495

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47x.3
d. NAME OF HOSPITAL (If not in hospitol, give street address) Kensington Gardens Nursing Home	1344 Gallatin St. N.W. on A FARM? YES NO
3. NAME OF DECEASED (Type or print) Trudie W Middle	Ellis 4. DATE OF DEATH Month 2 Day Year 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH. 4/25/95 1882 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Whitney	Bertha Stovel
	mes G. Ellis, Jr. 3309 Stephenson P. Wash. D.C. N.W.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. DUE TO (c)	vry edema Syndromo Z mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	D. (Enter noture of injury in Part I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while for work 19 of work 19	ACE OF INTURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bidg., etc.)
21. I certify that attended the deceased from Testalize an 1959, and that death	3. 1954, ta
PHYSICIAN'S NAME (Type)	5940 Piney Branch Road, N. W. Washington 12, D. C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PEMOVAL (Specify) 14/4/59 Sunset Hill	
23. FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESTH St.	N . W . 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington, D	. C. DATE APR 6 '59 Chilling & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4526

CEPTIFICATE OF DEATH

04496

	<u> </u>	AIL OF BEATTI	R	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY NONT GOMERY KENS	sing for MARYLAND	2. USUAL RESIDENCE (Where of STATE MARYLAN)	1 00011111111	Residence before admission) MONTGOMERY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside SILVER	le corporate limits, write RURA SPRING	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) O	d. STREET ADDRESS / 1204 BURTON	N STREET	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	Middle NA MELISSA		DATE Month OF DEATH	Day Year 195
Female white widow		8. DATE OF BIRTH Dec. 24, 18	66 Payrs. M	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) HOMEMAKER	OWN HOME	JSTRY 11. BIRTHPLACE (State or for MARYLAND	preign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME ABEL JARRETT		JERUSIO DUNI		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. NONE	INFORMANT s. T. Lee Langfo		on St.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ACCITE	41A.		RAL 24 HR.
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part	I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. 19 While p. m. 19	Not while fo	LACE OF INJURY (Home, form, 20 octory, street, affice bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I attended the deceas alive on RAPR, 19.		h occurred at/Q1QSCM	from the causes and RESS (Street, city or town, stat	
ACTUAL SIGNATURE, Marshall Cuvi	unther p	1407 Woo	odside Pkwy. Spring, Md.	EACK
220. BURIAL, CREMATION, 22b. DATE THEREOF 4/11/59	22c. NAME OF CEMETERY C	or CREMATORY 22d.	LOCATION (City, fown, or co	ounty) (Stote) Island, Marylan
AND THE PUMPHREY INC.	STLVER SPRING	G, MD. 240. REC'D BY	REGISTRAR 246. REGISTRA	R'S SIGNALIREA

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after may be retained by it haspital ar attending physician.

D FUNERAL DIRECTO

After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 should be defacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shoul the registrar prior to burial, cremation, ar remaval, and in any event within 72-hours after death. may be retained by TO FUNERAL CIRECTO VS A15 (4) 15M 10/S7

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be retained by the haspital or attending physician.
UNERAL DIREC. After this certificate has been signed by the attending physician and completely filled in by the
e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be (shed with
registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
(I)

MARYLAND	STATE DEPAR	TMENT OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH 4597 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ond give neorest town)
Bethesda davs Kensington e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO TO Suburban Hospital Raymoor Road 4. DATE OF DEATH NAME OF First Middle Last Month Day Year (Type or print) E. Fairbank 19 59 Florence April IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9, AGE (In years last birthday) 5. SEX B. DATE OF BIRTH Months DIVORCED [WIDOWED M 12/19/63 95 Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland Retired Own Home U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walters Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 3513 Raymoor Road Miriam Stopsack Kensington. No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m -Not while While of work of work p. m 19.50 to 1959, that I last saw the deceased 21. I certify that I ottended the deceased fram A. M. fram the couses and on the date stated above. and that death occurred of ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Suitland, Maryland Burial 4-18-59 Cedar Hill Cem. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda 14. Md.

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VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certification within a word "pending" in pending in 18. Give Pages 1, 2, and 3 to the funeral direction of a should be farwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for younger to FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Board of Health, are its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death. 195

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4498 Reg. Dist. No.

	LACE OF DEATH	Montgomery		MARY		2. USUAL RESIDENCE	(Where dece	osed lived. If instit b. COUNT			
Ь.	city or town and give negrest to	(If outside corporate limits, wr live) John	te RURAL	c. LENGTH OF STAY I	- 11		(If outside co	rporate limits, write			
ď	NAME OF HOSE 6506	78th St.	(If not in hos			d. STREET ADDRESS				e. IS RESIDEN ON A FAR YES NO	RM?
	IAME OF DECEASED Type or print)		axton	Farrell		Last	4. DATE OF DEATH	April		Day Year 19	
5. \$	male	white	WIDOWE	hand to		1/25/1911		9. AGE (In years feet birthday) 48 yrs.	Months D	YEAR IF UNDER 24 days Hours Min.	
10a.	USUAL OCCUPA uring most of wor	TION (Give kind of work king life, even if retired MENT MAKER	done 10b. 8	vid Taylor	Mode.	11. BIRTHPLACE (SIG	ote or fareign N. C	country)		EN OF WHAT COUN	VTRY
13.	Rufus F	arrell		8 1 9 1	1	4. MOTHER'S MAIDEN Dahlia L					
	was DECEASED (EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.		rgaret M.	Farrel:	Address l (Wife)	Ite	m 2	
		EATH [Enter only one co EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (Cere	for (a), (b), and (c).] bral Vascul	ar A	ccident				INTERVAL BETWEEN ONSET AND DEATH 20 mins	5.
	Conditions, if gove rise to imm (a), stating the couse last.	nediate cause DUE TO	Ну	pertention						years	
CATION	PART II. O	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART	1(0) 19. WAS AUTOI PERFORMED YES NO)?
CERTIF	20g. EXTERNAL C PRIMARY OF C CAUSE OF DEAT	ONTRIBUTING []	70b. DESCRIB	E HOW INJURY OCCUR	RED. (Ente	er noture af injury in t	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF IN. Hour e. n p. n	n.	While			OF INJURY (Home, for, street, office bldg.,		ty or tawn)	(Cour	ity) (Sto	ote)
		that I taak charg h resulted fram:						Inspection 🙀 e 🔲 , Undet	, Inquiry ermined m	-ar	my
	ACTUAL SIGNATURE	Franks	Br	mhat		M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNE	D
	EXAMINER'S NAME (Type)	Frank J.	Brosch	nart		DEPUTY MEDICA		Apr	il 29,	1959	
Bı	removal (Speci	rais 2-5-5		22c. NAME OF CEMETE Hanks Chap				ation (City, town, tsboro,	North		na
	obert A	or's signature Pumphre	v. Be	thesda 14	. Mc		MAY 4		othur &		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Orthun & House

CERTIFICATE OF DEATH 4529 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MONTGOMERY o STATE MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest lown! 40 years KENSI NGTON KENSINGTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3915 BALTIMORE STREET 3915 BALTIMORE STREET YES NO NAME OF First 4. DATE Middle Month DECEASED (Type or print) EDWARD A. FARRELL APRIL 24 1959 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Hours MALE WHITE WIDOWED [DIVORCED [OCT. 5. 1879 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY ACCOUNTANT U. S. GOVERNMEN'I BROOKLYN. N. Y. U. S. A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD FARRELL THILTETTE HOUTAIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) WW #1 FARRELL. 3915 BALTO ST. KENSINGTON MD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: recar IMMEDIATE CAUSE (o' 420.0 DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. Hour o. m. While Not while of work of work p. m. For 1 24 1959, that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 4:05/4 M, from the couses and on the date stated above. olive an ADDRESS (Street, city or town, stole) 10511 DATE SIGNED ACTUAL KXXXXX SUMMIT AVE KENSINGTON MD 4/24/59 SIGNATURE PHYSICIAN'S NAME (Type) GEORGE SHARPE 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) BURTAL FORT LINCOLN CEMETERY PRINCE GEORGE'S COUNTY. **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 7 '59 SILVER SPRING, MD.

ebod 0 VS A15 (4) 15M 10/57

Mograntica Infancticis Orthundica Most Dean P. 1. 1 88 P. 1. 24 87 LOT WHITE OF DEEP SET TO THE

may be retained by the hospital or attending physicion.

O FUNERAL DIRECT: After this certificate has been signed by the ottending physicion and completely filled in by the page 3 should be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4530 CERTIFICATE OF DEATH

Item 1d,

()45()() Reg. Dist. No.

	LACE OF DEATH COUNTY Mon	tgomery		MARYLAND	2. USUAL RESID		ere deceased	lived. If institution		before adm	lssian)
1	b. CITY OR TOWN (II	outside carporate limi	s, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If or	utside corpora	ote limits, write R	URAL ond give	nearest to	wn)
	RURAL ond give ne	chesda		6 dys 102 hrs	X Chev	ry Cha	ise				
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street		/d. STREET A	DDRESS				e. 15 R	ESIDENCE
	OR INSTITUTION	urban Hosy			661.1	Hilld	lale Ro	ad			A FARM?
	NAME OF DECEASED (Type or print)	FIGGINS,		marles W.	Los		4. DATE OF DEATH	Mon 4	th	9	19 59
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED 🗱 NEVER MARRIED 🔲	B. DATE OF BIRTH	1	9	last bighday)	IF UNDER 1 Y		
	Male	White	WIDOW	ED DIVORCED	8/13/18	382	633	76 yrs.	Months Do	ys Hou	s Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	ar fareign cau	intry)	12. CITIZE	N OF WH	AT COUNTRY?
	Retired	ing life, even if retired			Goes	s Bhid	3		US	SA	
13	FATHER'S NAME	4			14. MOTHER'S						
		lea Fdwaw	a Tra	agina	Kath	erine	E. Der	rrick			
10		rles Edwar			NFORMANT	61 1110	D. 20.	Add	rest		
	s, no or unknown)	If yes, give war or dates of s	ervice)		son (Mr.	West	on Fig				
_3	10			10 00 11	SOII (MIL.	1165 0	on rage	51110/			
			use per li	ne for (a), (b), and (c).]						INTERVAL ONSET AN	DETWEEN DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Poli	Monay Them	bosis &	MUI	Ltigha	polmo	van		
	420.0	DUE TO	my	faction			18.964				
	Conditions, if a	ny, which) (h	MU	cal Thrombo.	415 0	the o	et. au	ricle.			
	gave rise to it	mmediate (DUE TO									
	lying cause last.	ine under-	, an	terros cleratic	heart	dise	can Tr	nyrearly	1 while	etions	
Z	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1		S AUTOPSY
CERTIFICATION											FORMED?
E	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in F	Part I or Part	II of item 18.)	The state of the s		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL		Y Month, Day, Ye	-	- 6-	ACE OF INJURY I			ar tawn)	(Cou	inty)	(State)
AED.	Hour a.m.	19	While at wa	rk ot work	ciory, arrect, orrice	olog., elc.					
	21 Learning th	at I attended the	decen	ed from	1049	, to A	ndil	9 1059	that I la	st saw th	e deceased
		on Tullended me	10	59_, and that death	7 7	1	AA fram	, ,			
	alive on	64++		1-4-,-, and mar dean	decorred at			eet, city or town.		odie 210	DATE SIGNED
	ACTUAL SIGNATURE	Tue all	0	10 hl	20	21	Tun.		-: P KI	1. 6	1.950
	SIGNATURE	(Charles V	-	12/1	M.D7	yl-4	£490	Sin Salt	-X/	Q)	11-2-4
	PHYSICIAN'S NAME (Type)	Stewar	1- (elapp		460	34	15 L)_C·		
220	BURIAL, CREMATIO)F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(S	tate)
(Cremation	4/10/59		Cedar Hill			Suit	land, M	arylan	d	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	7-3	240. REC'	D BY REGISTE	RAR 24b. REGI	STRAR'S SIGN	ATURE	
	Robert	A. Pumph	rey-	Bethesda, Md.		DATE	R 1 3 '59				
			-			101	11.1.3.35		11. 1	100	

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 453 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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24b. REGISTRAR'S SIGNATURE

arthur S. Hours

24o. REC'D BY REGISTRAR

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outs c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION M not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED Middle Lost Month Yeor (Type or print) DEATH 1959 9. AGE (In years 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYPAR Months Hours WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) M-8 C morken 15. WAS DECEASED TYPE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war at dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Durtole **DUP TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO NO YES T 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20d/INJURY OCCURRED / 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , opinion deoth resulted from: Natural courses ... Accident ... Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION City (State) MOVAL (Specify)

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23. FUNERAL DIRECTOR'S SIGNATURE

ASSEMBLY EXAMINED SERVINGARE OF BEATH A V

		4532 CERTIFIC	CATE OF DEATH	{ j Reg. Dis	4502 t. No.
M)	1, 1	LACE OF DEATH COUNTY MONTGOMERY MARYLAN	O STATE!	deceased lived. If institution, Residence b. COUNTY	te before admission)
5		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CETHESOA 4 for 40 ma	· arli	de corporate limits, write RURAL and g	x_3
14		NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SUBURBAN HOSPITAL	d. STREET ADDRESS	Lancisto Stra	e. IS RESIDENCE ON A FARM? YES NO
		IAME OF First Middle (ECEASED (Type or print) FINESPIN DABL	1 Boy	DATE Month OF DEATH	Day Yeor 17 1959
	5. 5	M. WHITE WIDOWED DIVORCED	4-17-59	lost birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARYLA	AND	USA
		ROBERT J. FINEGAN JR.	Surley NEORE	ω	
		WAS DECEASED EVER IN U. S. ARMED FÓRCES? no. or unknown) (If yes, give wor or dates of service)	T. INFORMANT / KOBERT J. F.	NEGAN (for	Lev)
	1.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cappling IMMEDIATE CAUSE (o)		0	INTERVAL BETWEEN ONSET AND DEATH
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		gove rise to immediate couse (a), stating the under-lying couse last.			
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Brematurity	BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
N	CERTIFI	20a. ACCIDENT WAS UNDERLYING OCCUPANTIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of injury in Port	I or Port II of item 18.)	
Hi	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While Not while of work of work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (C	county) (Stote)
		21. I certify that I attended the deceased from Quel alive on 1959, and that de		wl 12., 19.57.,that I I M, from the causes and on th	
		ACTUAL SIGNATURE SIGNATURE		DRESS (Street, city or town, stote)	DATE SIGN
/		PHYSICIAN'S NAME (Type)			
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22g NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 22	Ad. LOCATION (City town, or county)	"Stote) mid.
19	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	VICENT IN	2 0 '59 246. REGISTRAR'S SIG	
N.	(removal (specify) 4/18/59 Cedar /	1/28 / 240. REC'D B	Suttand BY REGISTRAR 246. REGISTRAR'S SIG	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained brithe hospital or ottending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the period director.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CEDTIEICATE OF DEATH

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24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

Bethesda, Maryland DATE APR 2 2 '59

-			3004		JEKTIFIC/	AIE OF DEATH		Reg.	Dist. No.	
)		PLACE OF DEATH O. COUNTY MONTG	The state of the s		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		. COUNTY	dence before ode	nission)
		RURAL and give ne	outside carporate limits prest town)	s, write c. LENGTH	OF STAY IN 16	C. CITY OR TOWN (IF O	utside carporate lin	nits, write RURAL o	nd give nearest t	own)
		OR INSTITUTION	AL (If not in hospital, given the second of	J-CSP/TA	(d. STREET ADDRESS 534 CALVI	in LA	UE	10	RESIDENCE N A FARM?
		NAME OF DECEASED (Type or print)	CHARL	ES BRI	Middle 40/EV	lost FIRTH	4. DATE OF DEATH	Month 4	Day 17	Year 19 5
		MALE	WHITE !	7. MARRIED NEW	DIVORCED [8. DATE OF BIRTH 7-21-23	losi	E (In years birthdoy) Manth	DER 1 YEAR IF UP	
		SECRE	N (Give kind of work doing life, even if retired)		JSINESS OR INDU	A MASS		12.	CITIZEN OF WH	
	13.	FRANK	L. F	FIRTH		Ethel BR	AD/EY		/	
		WAS DECEASED EVER	IN U. S. ARMED FORCE	(ES? 16. SOCIAL SEC	URITY NO. 17. 1	VIRGINIA	FIRTH (Address (WIFE)	534 C	HLVIN
			he under-	Ada	o Carcik	ioma of 1	large &	owe/		BETWEEN ND DEATH
2	CATION) (c). ER SIGNIFICANT COND		NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN I	PART 1(o) 19. W/PE	REORMED?
	L CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in F	Port I ar Part II af i	tem 18.)		
	MEDICA	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Doy, Year	While Not work ot wark	hile fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City or tov.)	vn)	(County)	(State
		21. I certify the alive an	at I attended the	and the same of th	G-//	accurred at 11 5 f	M, fram the			
1		PHYSICIAN'S W.	G. Hall			615 W.	/	Ave. Roc	kville	, Md
	22c	BURIAL, CREMATION	4/21/59		e of CEMETERY O	R CREMATORY Cemetery		City, town, ar count		State)
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDR				24b. REGISTRAR'S		

VS A1S (4) 1SM 9/S5

Robert A. Pumphrey

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4534

CERTIFICATE OF DEATH

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							Reg. Dist. N	o,
o. COU	OF DEATH INTY		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased live	d. If institution b. COUNTY MONTG		fore admission)
b. CITY	OR TOWN (If outside carporote AL and give nearest town)	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate			nearest town)
OLNE	Y			ROCKVILLE	26			
ORI	NE OF HOSPITAL (If not in hospi			d. STREET ADDRESS	1			e. IS RESIDENCE ON A FARM?
	GOMERY COUNTY			4. 718 BRENT R	OAD			YES NO
3. NAME (DECEAS (Type or	SED	First BEVERLY	Middle	FITZWATER	4. DATE OF DEATH	APRI		Day Yeor 19 59
S. SEX	6. COLOR OR RA	ACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	F UNDER I YEA	R IF UNDER 24 HRS.
FEMA		WIDOWE		1/22/56	3		Months Days	Hours Min.
10a. USUA	L OCCUPATION (Give kind of was most of working life, even if re	ork done 10b. F	IND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country	1)	12. CITIZEN	OF WHAT COUNTRY
	CHILD			MARYLAND			USA	
13. FATHER				14. MOTHER'S MAIDEN N	AME		1	
HE	RMAN HOMER FIT	ZWATER		FERN LUCI	LLE MOB	LEY		
15. WAS D	DECEASED EVER IN U. S. ARMED		OCIAL SECURITY NO. 17.	INFORMANT		Addres	55	
				HOSPITAL RECO	RDS	0	LNEY, M	10.
18. C	AUSE OF DEATH [Enter only or	ne cause per line	for (o), (b), and (c).]				, In	TERVAL BETWEEN
0	PART I. DEATH WAS CAUSED IMMEDIATE CAUSED		notice A	west du	vunes c	Trusto	tuses	NSET AND DEATH
4	7//X	E TO	· J T.	-11/2	1000			Λ
Cond	ditions, if ony, which	(1)	unnin	0 BN 4/2/	21,-0	ause	1	22 hr
gove	rise to immediate	(b) E TO	Cent francis					
	couse last.	(c)						
Z	PART II. OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	NAI DISEASE COL	NOTION GIVE	AL INI PART 1/al	10 MAS AUTOREY
ICATION				The second of the second	THE DISEASE CO.	NOTION GIVE	TINTAKI I(O)	PERFORMED?
OR CO	CCIDENT WAS UNDERLYING DITTOPHEN OF DEATH OF DEA	ATH	RIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	ort I or Part II af	item 18.)		
			JURY OCCURRED 20e. PI	ACE OF INJURY (Home, form,	20f. (City or to	own)	(County	r) (Stote)
WED	Hour o. m.	19 While of work		octory, street, office bldg., etc.				
21, 1	certify that I attended	the decease	d from March 3	0 , 1959 to A	Anil 3	19 57	that I last s	saw the decease
alive	on April 3	19.5	5_, and that death	accurred at 7:45A	M. from the			ate stated above
	2				DDRESS (Street,			DATE SIGNE
ACTUA		T.W	uduraid	un Kielsui	1800 -	and	,	4/3/5
	PARTY SERVICE			.m.v.	Kilokand			
NAME	CIAN'S (Type) A. F. W	OODWARD	. M. D.	Doorwin	Wan	WI AND		
220. BURIA	L, CREMATION, 226. DATE THE		22c. NAME OF CEMETERY C		22d. LOCATION		country	(54.4.4
Bur	141Specify) 4/6/59		Parklawn		Rockvil			(State)
23. FUNERA	AL DIRECTOR'S SIGNATURE		ADDRESS	24a DECID		7	RAR'S SIGNATU	IDE
Rober		-Bethe	sda, Marylan	1 144	AY REGISTRAR	1 /	Low S. Th	,
	F-222 OJ	200110	sau, mai y tall	Q DATE				

may be relatived by the haspital ar attending physician.

• FUNERAL DIREC : After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by TO FUNERAL DIREC

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			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
		4-12-11-1	
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Santier . Sillerine I		0.000 2723	
		entradi, sia	obert I. Fumphrey-fache

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Washington Sanitarium and Hospital.

0 VS A15 (4) 15M 9/55

ard.

2

pup

physician

Hare, M. D. Washington Sanitarium and Hosp. Takoma Park, Maryland 292XV

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

REMOVAL (Specify) Cremation

22b. DATE THEREOF

MAY 1 2 '59

22d, LOCATION (City, town, or county)

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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Takoma Park.

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	AND CONTRACTOR
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ond completely filled in by the

permit. Then please remave carbon papers. in any event within 72 hours after death.

VOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR AT ENDING PHYSICIAN: The law requires that the death certificate be may be retained to hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave carl the registrar prior to burial, cremation, ar remaval, and in any event within 72/2007s-after

VS A1S (4) 1SM 9/SB

4535

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

04505

	(1)	tU	U	ę
Rea.	Dist.	No.		

	1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceosed lived	If institution: Output Monts	Residence before gomery	e admission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If or Kensir	utside corporate li	nits, write RURA	AL and give nea	rest town)	
	d. NAME OF HOSPITAL (If not in haspitol, give street to a Ray Institution 10308 Kensington Parkway	oddress)	d. STREET ADDRESS	ngton Pa	rkway		e. IS RESIDENCE ON A FARM? YES NO	K
	3. NAME OF DECEASED (Type or print) HENRY MARV	VIN FLINN	Last	4. DATE OF DEATH	April	800	y Year 195	7
	S. SEX Male 6. COLOR OR RACE White Widows	TO EST THE THE TANK TO THE	B. DATE OF BIRTH Feb. 19, 188	last	1 2 11 1	UNDER 1 YEAR	Hours Min.	5.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Ret. Minister	kind of Business or Indu Religion	Virginia	or foreign cauntry)		12. CITIZEN OF	WHAT COUNTRY	17
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
1	Howard Flinn	Ada Berr	У					
1		19-32-1709	nformant annie E. Flin	n-Item#	Address 2			
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Muzeudeal Aufaucten						INTERVAL BETWEEN ONSET AND DEATH	
	Canditions, if ony, which gave rise to immediate (b) alleurs cleraus					4	lakum	1
-	cause (a), stating the <u>under.</u> DUE TO lying cause last. (c)							
)	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	VAL DISEASE CON	DITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPS' PERFORMED? YES NO	
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I ar Part II of	item 1B.)			
	Hour a.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		~n)	(County)	(State	e)
	21. I certify that I attended the decease of olive on all of april 1, 195	_	occurred at 8 00 A	M, from the conditions (Street, conditions)	auses and	on the date	the deceose stated above DATE SIGNE	e.
	ACTUAL SIGNATURE SECRET STORY	oe	M.D. 10511	erunut	- Ave	>	4/8/57	2
1	PHYSICIAN'S George Sh	larpe	Ke	nsin	g for	, md		_
	220. BURIAL, CREMATION, 22b. DATE THEREOF 4/10/59	22c. NAME OF CEMETERY OF Lorraine Cen		22d. LOCATION (county) Maryla	(Stote)	
	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Beth	ADDRESS nesda, Marylai	24a. REC'D	BY REGISTRAR	24b. REGISTR	AR'S SIGNATUR	RE	

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may be retained by the hospital or attending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remayal, and in any event withing 72-hours ofter death. death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affect

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4536

CERTIFICATE OF DEATH

()4506 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
mont gamery MARYLAND	a. STATE b. COUNTY mentagement		
b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest town	c. CITY OR JOWN (If outside corporate limits, write RUKAL and give nearest town)		
d. NAME OF HOSPITAL (If not in hospitol, give street address)	d STREET ADDRESS IN IS RESIDENCE		
OR INSTITUTION Jubusban	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Jost 4. DATE Month Day Year OF DEATH JUNIO 10 5 9		
	10/01/100		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH, 9. AGE (In years lost birthday) Months Days Haurs Min. yrs.		
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Get ara Dinithosonia	astifite Thillipine Is U.S. A.		
13. FATHER'S NAME In	1/2rania 2 Chimino		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
(Yes, no. or unknown) If yes, give war or dates of service)	Mrs. Kola Forinzs-		
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: EREB	RAI HEMD RRHAGE INTERVAL BETWEEN ONSET AND OBATH		
33/X DUE TO 11.	- OVER		
Conditions, if any, which) A HYPERTEN.	5/NN 3 Joseph		
gave rise to immediate	STEARS		
couse (a), stoting the under- lying couse last.			
, (c)			
3	PERFORMED? YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while at work at work	actory, street, office bldg., etc.)		
21. I certify that I attended the deceased from Atrial 1.	1957, to Mari 2, 1957, that I last sow the deceased		
alive on April 120, 1959, and that deat	13:3/7/		
dive on the state of the state	h accurred atM, fram the causes and an the dote stated abave. ADDRESS (Street, city or town, state) DATE SIGNED		
SIGNATURE STOPH V. Course,	M.D. 9420 ald Shor plan Road Soul 12 1959		
PHYSICIAN'S TUSE ON D. CUANTURE	Betherder 14, Maryland		
220. BURIAL, CREMATION, REMOVAL (Specify) 22b, DATE THEREOF 22c, NAME OF CEMETERY,	OR CREMATORY. 22d. LOCATION (City, town, or county) (State)		
23/ FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
4 Months alleged 25d proper ST 1/11	1.0.6 Inn 4 4 1111		
The state of the s	DATAPR 1 4 '59 Cribus & Knus		

CERTIFICATE OF DEATH

4/12/59 Als J. Broschurt, Leys Med Examiner ratified and approved certificate to be segred by Als. J. D. Connor.

The state of the s

FOR STATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4471MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04507

Reg. Dist. No.

4	7. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	maryland MARYLAND	a. STATE b. COUNTY
"/	b. CITY OR TOWN (If outside co-porate limits, write RURA) c. LENGTH OF STAY IN 1b and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Takoma Park DOA	Washing Ton D.C. 4/x-3
19	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Washington Sanitavium + Hospital	122 C. ST. S.E. YES NOW
10	3. NAME OF First Middle	Lost Ty 4. DATE Manth Doy Year
	(Type or print) Walter Preston	FOWLEY DEATH 4 - 8 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yours IF UNDER 14 AR IF UNDER 24 HRS.
	male White WIDOWED'S DIVORCED	2-2-72 Sal birthdoy) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	doring most of working me, over it remed)	Virginia Omerica
	13. FATHER'S NAME	14. MOTHER'S MATEN NAME
	Walter Preston Fowler Cr.	EMa Comova Filler
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT (DAUGHTCY) Addiess HUATTSVILLE IN
	No - Is	ouiss manna atel-2406 Cherukee ST
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (0)	
	420.1 DUE TO	and the same
1	Conditions, if any, which) (b)	
	gove rise to immediate cause (a), stating the underlying DUE TO	
	couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO 2
		Enter nature of injury in Port I or Part II of item 18.)
	- 11 for	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Haur a. m. 19 While Nat while of work of work	
	21. I certify that I took charge af the remains described about	ove, held on Autopsy [], Inspection [], Inquiry [], ond in my
	opinion death resulted from: Natural causes 🔀, Accident	, Suicide, Homicide, Undetermined manner
	1	
4	SIGNATURE Jeans J. Brechart	M.D. CHIEF MEDICAL EXAMINER
2	EXAMINER'S FLUID TR	ASSISTANT MEDICAL EXAMINER []
	NAME (Type) FMM / Jordsch21	DEPUTY MEDICAL EXAMINER D 7-8-07
0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY OF	CREMATORY 22d. LOCATION (City, town, of county) (Stote)
1	4-11-59 GEO.WASH.	CEMETERY HYATTSVILLE STARY AND.
3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	249 REC'S BY REGISTRAR 246. REGISTRAR'S SIGNATURE CONTINUE & Torong
1	HANION FUNCRAL HOME-3631-6	TRITLE DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of the should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation or rehapval, and in any event within 72 hours after death. VS. AISME 5M 2/57

AATAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

VS A1S (4) 1SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4537 CERTIFICATE OF DEATH

04508

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Montgomery				MARYLAND	2. U	STATE D.C.	CE (Whe	ere deceased	lived. If instituti b. COUNTY		nce befo	re admis	sion)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF	STAY IN 16	0	. CITY OR TOW	N (If ou	stside corpor	ote limits, write f	URAL ond	give nec	rest town	n)
Olney, Md.	edresi iown)		1 Yr.	7 Mo.		Washin	ato	n	1	17X	-3		
d. NAME OF HOSPIT	AL (If nat in hospital, (give street	address)		-	d. STREET ADDR						e. IS RES	IDENCE
Brooke Gro	ve Chronic	Hosp	•			3915 M	ili	tary R	d., N.W.				FARM?
3. NAME OF DECEASED	Fi	rst	1	Middle		lost	1	4. DATE OF	Mor		Do	,	Year
(Type or print)	HORACE	1-		T.	-	RIES		DEATH	Apr		12		19 59
5. SEX	6. COLOR OR RACE		RIED MEVER			TE OF BIRTH	00-		9. AGE (In years last birthday)	Months	Days	Hours	ER 24 HRS.
Male	White	WIDOWI	tioned .	ORCED		t.,25,1			// yes.				
during most of work	ON (Give kind of work ting life, even if retired	dane 10b.	KIND OF BUSIN	IESS OR INDU	STRY	11. BIRTHPLACE Phil.		or fareign ca	untry)		J.S.		COUNTRY
13. FATHER'S NAME					14.	MOTHER'S MA	IDEN N	AME					
?		Fr	ies			Mary Ea	arl	Riddle	s				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURIT		INFOR	MANT Cenneth	Cro	ft Wa	15 Milit	ary	Rd.,	N.W.	
PART I. DEA 44 43 X Conditions, if a gove rise to i couse (o), stoting lying couse lost.	m mediote		April - yper	Tec, o	ia	rtue	Les	Loze zone	ia du de	isia	INTE	PERFC	DEATH
200. ACCIDENT WA	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJ	ED 20e. Pt	ACE O	ter nature of injustice of inju	e, farm,	20f. (City	•		(County)	YES	NO (Stote)
	4.8 3	deceas	ed from	that death		, 1938, to		_M, from	the causes of the cause of	and an i		le state	
220. BURIAL, CREMATIO REMOVAL (Specify)		OF .	22c. NAME OF	4		MATORY for Oct			ON (City, town,	or county)	761	20 tstot	mS
23. FUNERAL DIRECTOR Chevy Chas	s signature e Funeral	Home	ADDRESS ,5103 W	Visc.A	ve.			BY REGISTR	77	STRAR'S SI	la se		

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	Marie Minister Alberta Ta	A TOWN OF THE PARTY OF THE PART	A Maria Committee	
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	Total of the			
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				e noner hanning

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If only delay is necessary, please execute the certific. withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forw. At 10 the Chief Medical Examiner. Soffice along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used at a brid-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, creptain, or temoval, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4538 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04509

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY'S	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
monte mery MARYLAND	o. STATE md b. COUNTY mmb
b. CITY OR TOWN (H out of corporate limits, with RURAL c. LENGTH OF STAY IN 16 and give agrees lower	c. CITY OR TOWN (If outside corporate limits, write RURAL and give searest town)
Brookmont 29 yr	* Broolenunt
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
6112 mc Harthur Blood - Went 16-40	6/12 Mc Aaithm Blood-Wash 16 De YES NO 12
3. NAME OF DECEASED A Pirst Middle	Lost 4. DATE Month Doy Year
(Type or print) Charles Edward Fre	32ell DEATH apr 19 1953
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	9. AGE (1 oors IF UNDER 14 AR IF UNDER 2 HRS.
male what WIDOWED DIVORCED	7-17-1885 73 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
electrician G Town. Elec Co	D.C. U.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Char R. Friszell	Charlotte Holt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
VES WWI 579-03-3243/3	An truzell (wife) Ilun 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL RETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ecrhisia sudden
420.1 DUE TO	
Conditions, If ony, which) (b)	
gave rise to immediate cause (a), staling the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO R
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I or Part II of Item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. PLAN While Not while of work 0 of work 1	ry, street, affice bldg., etc.)
21. I certify that (took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 🤼 and in my
opinian deoth resulted fram: Notural causes [4]. Accident [, Suicide , Homicide , Undetermined manner
4 1 2	
SIGNATURE Truck & Dessehout	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S TO A A A A TO TO A A A A A A A A A A A	ASSISTANT MEDICAL EXAMINER
NAME (Type) FLANK J. Broschant	DEPUTY MEDICAL EXAMINER \$ 7 - 19-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, Iown, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
W.W Chambers Co, 3012- M St. NW.	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OATEMA & HOUSE
N 1931 1.	VALE VALE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4539

.. CERTIFICATE OF DEATH

()451() Reg. Dist. No. 215

7	1. PLACE OF DEATH a, COUNTY					2. USUAL RES o. STATE	IDENCE (Wh	ere deceased	lived. If instituti		ence befo	ore admiss	ion)
	Montgomer	V		MARYL	AND	Mary	land		b. COUNTY	14	120	1	12411
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY II	ИЪ	c. CITY OR	TOWN (If o	utside corpor	ote limits, write F	URAL ond	give ne	arest town	1)
	Bethesda	(Rural)		5 days		Adel	phi		16	x-2			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					e. IS RES	
		al Hospital				2214	Phelr	s Road	Apt.	Α.			FARM?
	3. NAME OF DECEASED	Fire	it .	Middle		Lo		4. DATE	Mor	-	De	ру	Year
	(Type or print)	Jose	adm .	Thomas		GIBS	ON	DEATH	Apri	1	2	4 .	1959
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRT	гн		9. AGE (In years lost birthday)			IF UNDE	
1	Male	Caucasian				10-20	-/	200	73 yrs.	Months	Doys	Hours	Min.
)	10a. USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHP	LACE (Stote	or fareign co	untry)	12. C	ITIZEN C	OF WHAT	COUNTRY
	Salesman			Insurance			Tenn.				U.S.	.A.	
	13. FATHER'S NAME					14. MOTHER'S	S MAIDEN N	IAME					
	Joseph Th	omas GIBSON	Ī			Caro	lyn SH	UBERT					
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT			Add	ress			
	No	or yes, give war or dates or se	71(2)		Ho	spital	Recor	ds					
	Conditions, if an gove rise to it cause (a), stating lying cause lost. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO The under (c) SER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea 19 at 1 attended the	CAK MET DITIONS C 20b. DESC 20d. IN While at work decease	ONTRIBUTING TO DEAT	H BUT N CURRED. Oe. PLACE factor	E OF INJURY y, street, office, 1959	SHOC VNGS O THE TERMIN Of injury in P (Home, form, e bldg., etc.	PAL DISEASE Port I or Port 201. (City of part) M, from ADDRESS (Street	II of item 18.) or town)	ZEN IN PA	RT 1(a) 1	8 Ho 8 Mo 9. WAS A PERFO YES X	DEATH URS WRS NTH- AUTOPSY RMED? NO [
	PHYSICIAN'S F 220. BURIAL, CREMATION			LT, MC, USN					aryland				
	REMOVAL (Specify) Burial	4-27-59		200 NAME OF CEMET					ON (City, town, o	or county)		(State Mary]	
	ROSE PAMETE	H ack	Home	Address Lethesda,	Md.			PR 2 8 '5		otrar's si			

Least in Edition Land in the Color of the Co

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 18-21 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Frederick files. Health, Montgomery Virginia MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 1 day Winchester O.F Bethesda page d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS dire 1611 Valley Ave MOLOTIO Clinacal Center 8 state eath. 3. NAME OF Middle DATE Fires Month DECEASED Elizebeth Gilbert Marro (Type or print) DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF SIRTH IF UNDER TYEAR low birthday) Months 7-27-1896 white female WIDOWED [7] DIVORCED | yes. 50 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2, or one during most of working life, even if retired) xecuted within 24 haurs after lin Item, 18. Give Pages 1, ifce along with farm PM3. ransit permit. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joanna E' Whisson Winfield S. Sharman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hosp. Record 18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).] er's Office alang burial-transit pern Subdural hematoma (rt) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Fall from Hosp. bed. Canditions, if any, which (6) gave rise to immediate cause DUE TO pending" in pical Examiner (a), stating the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY used ief Medical E hould be used burial, crem Myeloid Metaplasia 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell from bed Winchester Va. Memorial Hosp. Chief 1 3 shout to bur 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not while Haur a. m. n Winchester at work ot wark writing Hosp Page . 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection 🗍 Inquiry . CTOR: opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner execute the certitude of shauld be farwed or FUNERAL DIRECT or its designated or ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Frank Jo Beoschart NAME (Type) DEPUTY MEDICAL EXAMINER TH

23. FONERAR DIRECTOR'S SIGNATURE VS. A15ME 5M 2/57

220 BURIAL CREMATION, 22b. DATE THEREOF

240 REC'D BY REGISTRAR APR 2 8 '59

arthur & Kraus

(County)

Frederick

DATE SIGNED

(Stale)

PERFORMED?

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(State)

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ON A FARM?

YES NO A

Yeor

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 days

IF UNDER 24 HRS.

Min.

4- 25 -59

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, Iswn, or county)

24b. REGISTRAR'S SIGNATURE

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		,		
			A STATE OF THE STA	
	Electrical street			
100				

I tema A 4541 with Page PLACE OF DEATH a. COUNTY led Montgomery MARYLA b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town)
Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION executed within 24 haurs often Suburban Hospital 2. NAME OF DECEASED First Middle (Type or print) Florence E. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDOWED TH DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSOWITE puo 13. FATHER'S NAME that the death certificate Henry P. Helwig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocard **DUE TO** Arterioscle Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-Arterioscle lying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Carcinoma, right breast 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCU 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED Hour a. ft. Not while p. m. at work 21. I certify that I attended the deceased fram alive on and that de ACTUAL TO FUNERAL DIR.
poge 3 should b PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
BURIAL 4-18-59 22c. NAME OF CEMETER 4-18-59 Rock Cree 23. FUNERAL DIRECTOR'S SIGNATURE allino 3821-1476 ST-12 VS A15 (4)

MARYLAND STATE DEPART

F		-59 et	MOKE, I	()	45	12	
	CIE OF DEATH			Reg. Dist	No.		
	2. USUAL RESIDENCE (WI		ved. If institutio	ın: Residence	befare	odmissi	ion)
D	Haryl		b. COUNTY	Montg	zom	ery	
ь	c. CITY OR TOWN (If o	man .	e limits, write RL	JRAL and gi	ve near	est town)
	X Chevy	Chase					
	d. STREET ADDRESS				е	IS RESI	FARM?
	/ 7025 Str	a thmor	e Stre	et		YES [NO
	Glasco	4. DATE OF DEATH	Mont 4	th	Day 16		rear 9 59
] [B. DATE OF BIRTH 18	81 9.	AGE (In years	IF UNDER 1			
]	Oct.20,487	7	AGE (In years last birthday) 77 (Lyrs.	Months [Pays	Hours	Min.
IDUS	TRY 11. BIRTHPLACE (State			12. CITIZ	EN OF	WHAT	COUNTRY?
	Penna			USA	F		
	14. MOTHER'S MAIDEN N	IAME			- 1		
	Kather	ine Re	ed				
	IFORMANT	MILE	Addre				esda,
I.I	Vorman Glas	co 570	8 Wils	on La	ane	, M	aryla
ial	infarction				INTER	VAL BET	TWEEN PEATH ay
	tic heart di	sease			1.	0 у	ears
0.0	sis				1	0 ye	pars
BUT I	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	EN IN PART		PERFOR	AUTOPSY RMED?
RRED	. (Enter nature of injury in I	Part 1 or Port 11	of item 18.)				
. PLA	CE OF INJURY (Home, farm lary, street, affice bldg., etc.	, 20f. (City or	town)	(Co	unty)		(State)
	, 19, to	/16	10 59	,that I la	-4	. Also	de a sa a sa d
ath	accurred at 3 P.		he causes a	nd an the		state	
1/					3	DA.	/a m /m
1	A.D. 4890 Ba	ttery	ane, B	etnes	da	4/	17/59
1	1.D.	14, Ma	aryland				
YOR	CREMATORY		N (City, town, o		^	(State)
	Cemetery		ington,	D.	C.		
(2) all . 240. REC'I	BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	ATURE		
101	D-C - DATE AD	R 2 0 '59	0.1	11 9 .	4		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4542

CERTIFICATE OF DEATH

04513

Oring S. Haus

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND Montgomery
b. CITY OF TOWN (If outside corporate limits, write Mary and Prince George c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 16 X -Bethesda days Seat Pleasant d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO K Center. Bethesda 700 Cabin Branch Drive Middle 4. DATE Year DECEASED (Type or print) DEATH April Thomas Wayne Godbold 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED | Male White February 10, 1957 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) District of Columbia U.S.A. Child None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Godbold Merle Maddox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 1/1, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 3-4 Weeks PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) 56.2 DUE TO 26 Months Cystic Fibrosis of Pancreas Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased from April 8 . 1959 to April 23 , 1959 that I last saw the deceased and that death occurred at 6:00A M, from the causes and an the date stated above. alive on April ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0006 The Clinical Center National Institutes of Health PHYSICIAN'S LOWELL K. GOOD. M.D. NAME (Type) Bethesda 1/1. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY Cedar Hill 20d. LOCATION (City, town, or county) Suitland Md. BMOMAL Specify) 4739 Baltimore Ave. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Hyattsville, Md.

VS A15 (4) 15M 10/57

F. Gasch's Sons

FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4472

CERTIFICATE OF DEATH

4514

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	on, Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LEI	ENGTH OF STAY IN 16			URAL and give nearest town)
RURAL and give nearestowh)	6-2 hrs.	Suitlan	1	1/× /
d. NAME OF HOSPITAL (If not in hospital, give street address	-	d. STREET ADDRESS		. IS RESIDENCE
Washington Sanitarium +	Hosp.	4711 Hom	er ave.	YES NO D
3. NAME OF DECEASED (Type or print)	may 6	orman lost	4. DATE Mon OF DEATH 4	195 9 Year 195 9
s. SEX female white WIDOWED DX	- reven dannes	1-26-94	9. AGE (In years last birthday)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Paradise Kelly				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) (If yes, give wor or dates of service)	OL	FORMANT	Add	ress
18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), storing the under-	ia, (b), and (c);	gocal cenic	swere a acute card	INTERVAL BETWEEN ONSET AND DEATH
lying couse last. (c) JUV	re curen	ic pych	epurens	Mula
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	IBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	HOW INJURY OCCURRED	. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work 0	OCCURRED 20e. PLA: Not while fact of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the deceased from alive an april 12 1959. ACTUAL SIGNATURE Caron H. Training Physician's NAME (Type) Qaron H. Training	and that death	occurred at 6:507		that I last saw the deceased and an the date stated above stote) DATE SIGNED Spring Md Gran 13 [
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify)	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	or county) (State)
Burga 4/15/59 6	redar He	el	fulland &	Profee mod
23. FUNERAL DIRECTOR'S SIGNATURE / A	Lood Hop	SIPPORTED PATEUR		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attenting physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the first director. may be retained by the haspital ar attending physician.

O FUNERAL DIRE

After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the provest permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, of removal, and in any event within 72 hours after death.

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		KENEWA	N. A. Charles	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4542 CERTIFICATE OF DEATH

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	7020								Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY	ontgomery			MARYLA		USUAL RESIDENCE (Mo. STATE Maryl.		d lived. If institut b. COUNTY		before od	
b. CITY OR TOWN (IF RURAL ond give no Silver S	arest town)	its, write	c. LENGTH	OF STAY IN	i 1ь 5	6. CITY OR TOWN (IF		prote limits, write f	RURAL and give	re negrest	town)
d. NAME OF HOSPITA OR INSTITUTION 1000 Dale	AL (If not in hospitol, g	give street	address)		1	d. STREET ADDRESS	rive			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	SAUL	rst		Middle		Lost GREBER	4. DATE OF DEATH	Apri]		Day .959	Yeor 19
5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED 🔀 NEVE	R MARRIED		ov. 23, 19	07	9. AGE (In years lost birthdoy) 51 yrs.	-	YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATIO during most of work Vice-Pres:	ing life, even if retired)	sh. Wh			Baltimo				EN OF W	HAT COUNTRY
3. FATHER'S NAME					1	4. MOTHER'S MAIDEN	NAME				
Samuel Gre					17 115	Sonia Coh	en				
1S. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECU	JRITY NO.	Jose	ph Greber	- 1966		ress 7 Hills	Dr.	S.S., !
Conditions, if or gave rise to in coese (a), stating lying couse lost.	the <u>under</u> :))	Caro	France	1-2	tromp	SUS				
PART II. OTH VIEW DOWN ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY	heter N	1	itus	G TO DEAT	H BUT NO	T RELATED TO THE TER!	MINAL DISEAS	E CONDITION GI	VEN IN PART	PE	REORMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW I	NJURY OCC	URRED. (Enter noture of injury in	Port I ar Par	t II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. I While of wor		ile	Oe. PLACE	OF INJURY (Hame, for ,, street, office bldg., e	rm, 20f. (City	y or town)	(Co	iunty)	(State)
21. I certify the olive on	at A attended the	decease , 18.		19 and that d	S 6 leoth on M.C.	19 , to coursed of 520 915-192		m the couses of treet, city or town,	and on the		he decease tated above DATE SIGNE
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	4-28-59	OF		of CEMET		Cemetery		TION (City, town, timore, N			State)
23. FUNERAL DIRECTOR	s signature cy & Sons-	3501	14th S		.W.	24g. REG	APR 2 9	150	arilug &		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 After this certificate has been signed by the attending physician and completely filled in by the actional serificate has been signed by the actional far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sho burial, crematian, ar remayol, and in any event within 72 haurs after death. the registrar priar to burial, TO FUNERAL DIRECT
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director,

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CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission filed MONTGOMER b. COUNTY MARYLAND b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest (www) c. LENGTH OF STAY IN 16 c. CITY OR LOWN (If outside corporate/limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 2 At home YES NO 2. NAME OF First Middle 4. DATE Month Year Greenblatt OF DEATH (Type or print) 125 S. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours papers WIDOWED TO DIVORCED [yrs. 10a. USUAL OCCUPATION. (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPU CE State or foreign country 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Soobne 1 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. (1) Not while at work at work p. m. affil 26, 1921, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 125 P. M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) Page 3 should be a ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAE (Specify) enorg 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR 2 9 '59 DATE APR VS A15 (4) 15M 9/55

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within 24 haurs after

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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THE PERSON NAMED IN		Annea De Maria		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04517 4545 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporal limits, write RURAL and give hearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest fown) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yol, no. or unknown) [18 yes, give wor or doles of service) 17. INFORMANT Address 200 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO pe couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Svol, PERFORMED? burial YES NO LA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) 0. 11. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I ottended the deceased from Zithat I last saw the deceased and that death occurred of M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN (Stote) REMOVAL (Specify)

ADDRESS

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VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Year

19.5

Min.

M

(Stote)

DATE SIGNED

24b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the total director. may be retained by hospital or attending physician.

O FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely fi
page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Page
the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after defith.

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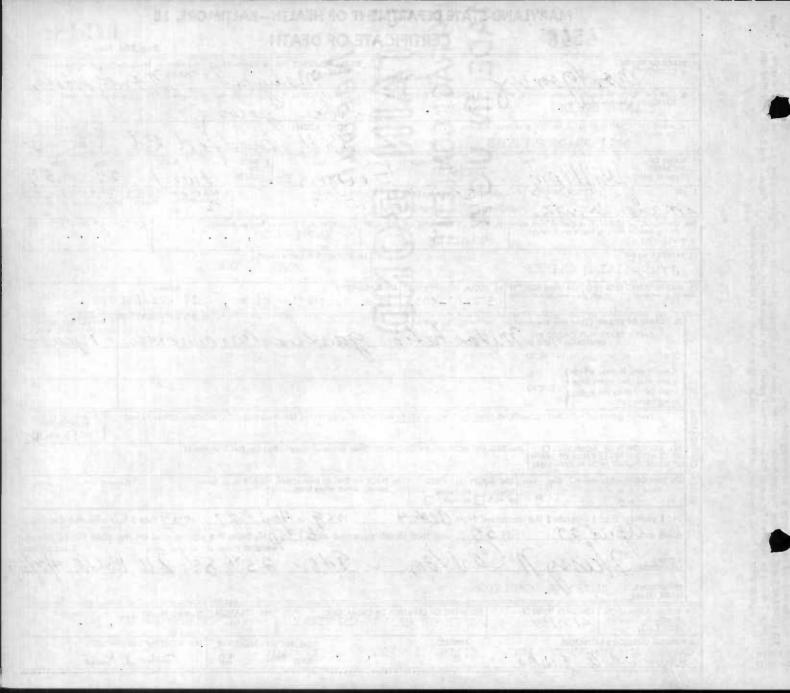
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4548

CEPTIFICATE OF DEATH

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2020	CERTIFICATE OF BEAT	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Mangamery	MARYLAND 2. USUAL RESIDENCE (WI	here deceased lived. If institution: Residence befase admission) b. COUNTY Manks Ambus
b. CITY OR TOWN (If autside perpendie limits, write RURAL and give peared liveral NG	4 yrs.	odside corporate limits, write RURAL and give pearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 8811 BRADFORD ROAD	d. STREET ADDRESS	Bradford Rd ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) WILL AM	HOMAS Middle Grimes Sr	4. DATE Manth Day Year OF DEATH April 27 1959
male white WIDOWED [9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) LITHOGRAPHER Pr		TON , D.C. 12. CITIZEN OF WHAT COUNTRY
JOHN WILLIAM GRIMES	14. MOTHER'S MAIDEN IN MAR	NAME Y. E. OWENS
(Yes, no, or unknown) Ill yes give wor or dotes of service)	8-03-6053 Mrs. Edith M.	Grimes, 8811 Bradford Rd.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.		
7	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEPART NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW INJURY OCCURRED. (Enter nature of injury in	
Hour a.m. While _	RY OCCURRED Nat while at wark 20e. PLACE OF INJURY (Hame, farm foctory, street, affice bldg., etc.)	n, 20f. (City ar tawn) (County) (State)
21. I certify that I attended the deceased alive an actual signature I am M. C. PHYSICIAN'S NAME (Type) HARRYN. CARLTON	from OCF 4 , 1959, to A 2, and that death accurred at 6:35, MAD. 940 -	DATE SIGNEY
	2c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN CEMETERY	22d. LOCATION (City, town, or county) MONTGOMERY COUNTY, MD (State)
23. FUNERAL DIRECTOR'S SIGNATURE LARNER E. PUMPHREY, INC.	CTIVED CDDING MD	D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



FOR STATE HEALTH DEP Poge lifes. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certification writing the word "pending" in pendi in Item 18. Give Poges 1, 2, and 3 to the funeral direction as should be forwered. To the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File poges, formed 2 with the State Board as its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4473

()4519 Reg. Dist. No.

r.	1. 7	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission)
	0	nontamery MARYLAND	o. STATE MO
	ь	CITY OR TOWN II autside corporate limits wite RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If duside corporate limits, write RURAL and give nearest town)
/ -	1	atoma Park, DOA.	17,011
		1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS and Je. IS RESURENCE
7	1	10 1 + 9 1 1 6	ON A VARME?
6	3. 1	Jashington Sanitarium & Nesp NAME OF First Middle	16 X - 2 YES NO
	2	DECEASED	Lost A. DATE Month 2, Doy Year 50
		Type or print) James Anthoney	Hanley DEATH 37- 1999
	5. S		DATE OF BIRTH (5/16/6) 9. AGE (in years / IF UNDER 1YEAR IF UNDER 24 MRS. Months Doys Hours Min.
		WIDOWED DIVORCED	3 9 yrs.
	10a.	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST turing most of working life, even if relired)	RY 11. BIRTHPLACE (Slole or foreign country)
	1	Operating enginees Railroad	Wash D.C. ZISA.
	13.	FATHIR'S NAME	14. MOTHER'S MAIDEN NAME
		Thomas Hamley	many?
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	11	(H yes, give war ar dates of service)	i-Mrs. Marie Hanley
	H	NB. CAUSE OF DEATH [Enter only one couse per lime for (a), (b), and (c).]	
		PART I. DEATH WAS CAUSED BY:	ONSIE NO DEATH
		IMMEDIATE CAUSE (a) Cormany O	eclusion pulder
		4 do. 1 DUE TO	
		Conditions, if ony, which gave rise to immediate cause	
		(a), stating the underlying DUE TO	
		couse lost. (c)	
0	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	3		YES NO 🖸
	ETIF	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Part I or Part II of item 18.)
		CAUSE OF DEATH.	
	MEDICAL		CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	VED	Hour a, m, While Not while facts	pry, street, office bldg., etc.)
		21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , ond in my
		opinion death resulted from: Natural couses X, Accident	
		opinion death resorted from: Notatol couses (X), Accident	, Suicide, Homicide, Undetermined manner
		ACTUAL F. 10 B. S. 1	CHISE MEDICAL SYAMINES TO DATE SIGNED
		SIGNATURE Plant I Sporthaut	_M.D. CHIEF MEDICAL EXAMINER _
5		EXAMINER'S ELANDI TO	ASSISTANT MEDICAL EXAMINER 4-30-59
~		NAME (Type) ////Y1 J. Druschalt	DEPUTY MEDICAL EXAMINER M
	220.	BURIAL, GREATON . 27b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or county) (State)
	B	URIAL 13/4/27 Ithicohi	V TRINCE GEORGESCO. TID.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
8	18	syle Houles Loustre. 1756 Segue Are. 7	DATE MAY 4 '59 arkey & through
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04520

arthur & Hours

DATE APR 2 2 '59

4547 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission) District of Columbia MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town Washington, 8. D. C. d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE YES NO TO Suburban Hospital 3619 Chesaneske St NAME OF 4. DATE First Middle Month Yeor OF DEATH Lauriston Halbert (Type or print) April Hannah 1950 9. AGE (In years lost birthday) IF LINDER 1 YEAR IF LINDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED THENEVER MARRIED B. DATE OF BIRTH Days DIVORCED T Male White WIDOWED | 7/10/1885 100. USUAL OCCUPATION (Give kind of work done 100-KINDIOS BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Executive (Retired) Life Insurance Co. 13 EATHER'S NAME 14 MOTHER'S MAIDEN NAME Nancy Covington James P. Hannah 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 3619 Chesapeake St. No Washington, D. C. Mary Conlon Hannah INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) lmoncer DUE TO 466 on the It lower offrent Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES MO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Doy, Yeor (Stote) (County) foctory, street, office bldg., etc.) o. m. While Not while of work of work 20, 1957, that I last saw the deceased . 1957 ta tanpus 21. I certify that I attended the deceased fram... and that death occurred at 950 pM, from the causes and an the date stated abave. alive on_ ADDRESS (Street, city or town, stole) ACTUAL PHYSICIAN'S NAME (Type) ROBERT COALE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cemetery Salisbury, North Carolina Chestnut 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4548 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. COUNTA b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown) nail d. NAME OF HOSPITAL (If no) in haspital give street address)
OR INSTITUTION d. STREET ADDRESS Home NAME OF 4. DATE Middle Lost DECEASED (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED | WIDOWED V 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) touse wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending PNONE please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

FUNER m 0

ACTUAL PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. QURIAL, CREMATION, 22b. DATE THEREOF

VS A15 (4) 15M 10/57

TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from 19 24, that I last saw the deceased and that death occurred at X. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. House

IS RESIDENCE

YES NO R

Year

19 5

Coroner will off the FILL FOR THE TOTAL TO VALUE OF THE STATE OF THE STATE

CERTIFICATE OF DEATH

04522

arthug & Kraus

									Keg. Di	st. No.		
1. PLACE OF DEATH					USUAL RESID	ENCE (W	nere decease	d lived. If instituti	anı Resider	ce before	odmission)	
Mon	tgomery		MARYL	AND		Marvl	and.	U. COUNTY	Mont	gome:	V	
b. CITY OR TOWN (If autside carporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TO	OWN (If a	outside carpo	rate limits, write R				
RURAL and give n	Bethesda		2 days. 51	hrs.	26 1	Rockv	rille					
d. NAME OF HOSPI	TAL (If not in haspital, g	ive street	7 7 - 2		d. STREET AC		4.40.0			•.	IS RESIDEN	ICE
	rban Hospit				/	1006	Neal 1	Drive			ON A FAR	
3. NAME OF DECEASED (Type or print)	Georgia Newbon	12	Middle		Hannov	Jr.	4. DATE OF DEATH	Mon Apri		Doy	Year 19	59
5. SEX			IED NEVER MARRIE	D TVI 8. D	ATE OF BIRTH	_		9. AGE (In years		1 YEAR IF	UNDER 24	A.Luna
Male	White	WIDOWI			4/10/59	9		last birthday) yrs.	Months	Days 1	lours A	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLA	CE (State	ar fareign c	auntry)	12. CI1		WHAT COL	JNTRY?
N	one					laryl				U.S.	A.	
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN	NAME					
Geo	rge R. Hann	loway			- 1	Varit	v T.	Ingram				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO				Add	ress 7 00) 6 N	- 7 D	
(Yes, no, or unknown)	(If yes, give war or dates of s		None	Con	rge R.	Hann					al Dr	
	ATTA CC.				TRE U.	usim	Oway		noc	kvil		
	ATH VAS CAUSED BY:	iuse per III	ne far (a), (b), and (c).]		1	-					AND DE	
PART I. DEA	IMMEDIATE CAUSE (1 Ca	y + hrobbus	ملامل	stels	lis				121	DAY.	55
770.0	DUE TO		0		1						- /	
Canditians, if a	iny, which) (b											
gave rise to i	mmediate DUE TO											
lying cause last.	the under-									1 10 11		
_	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	FN IN PAR	T 1(a) 19.	WAS AUTO	OPSY
5	BILLA	TB	ON A	-6.7	COT	AR 1	0	2 20110111011 011	21111111111		PERFORME	D?
2	.01017	1 6.5	RAU A	1 100	-1	1)->1				Y	ES IN	
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	inter nature af	injury in	Part I ar Par	t II of item 18.)				
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Ye	or 20d. II	NJURY OCCURRED		OF INJURY (H			y ar tawn)	(Caunty)	(State)
Hour a.m.	19	While at war	Not while	lactory	, street, affice	bldg., etc	:-)					
	- 4 1 - 11 - 1 - 1 - 1 1 1 -		ΑΛ.	211.1	0 10 59	4- 4	200	11/2/050	211	la de ca	al a dis	
21. I certify if	nat I attended the	1 6	70	2020	2, 19=1	, 10	4-1-1	14/2/1950				
olive on_1	PRICIE	19_	and that	death ac	curred at s			n the causes d		he date		
	alist	10	3 . U. h.		11.		ADDRESS (S	treet, city or town,	stote)		DATE !	SIGNED
ACTUAL	-our	eu	Much	M.D	4	00	VOR	4000	1 430	111	HPC.	13,4
PHYSICIAN'S NAME (Type)	RAW.	PED	ARLMAN	My	, Ct	15	M	CHAS	EK	M	0,	,
220. BURIAL, CREMATIC)F	22c. NAME OF CEME	TERY OR CI	REMATORY		22d. LOCA	TION (City, town,	or county)		(State)	
Burial Specify	4/15/59		Arlingto	n Na	tiona	1	Arl	ington	Vir	rgini	a	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				D BY REGIS		STRAR'S SI			-

Robert A. Pumphrey Bethesda, Maryland DATAPR 1 6 '59

2074244XV3

VS A15 (4) 15M 9/55

moy be retoined b

death. Page 4 director, filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

e haspitol or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the After this certificate has been signed by the ottending physician and components. Pages I and 2 shows a far use as the burightform permit. Then please remove carbon papers.

in any event within 72 hours ofter death.

page 3 should be detached for use as the burjarramit permit. the registrar prior to burial, cremation, or remarks, and in any

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	1200	

hospital or attending physician. After this certificate has been signed by the attending physician and campletely filled in by the serial director. After this certificate has been signed by the attending physician and campletely filled in by the serial director.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4550

04523

CERTIFICATE OF DEATH

					neg. Dili.	, 170.
1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	II O. STATE	/here deceased lived. If ins	titution: Residence	before admission)
	outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, wr	HOITES	Other A
RURAL ond give ne	arest town)	since			HE KOKAL ONG GIV	e necresi lowny
Kensing	AL (If not in hospital, give street	Nov 1956		ensington		
OR INSTITUTION	Presden Stree		3911 Dresd	en St.		e. IS RESIDENCE ON A FARM? YES NO R
3. NAME OF DECEASED (Type or print)	First Myrtle	Middle Rutledge	lost Haynes	4. DATE OF DEATH AP	Month r 19,19	Day Year
5. SEX	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In ye lost birthd		YEAR IF UNDER 24 HRS.
female	white widowi		May 10, 18		yrs. Months D	Pays Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU				EN OF WHAT COUNTR
during most of work	ing life, even if retired) & Lothrop. J					S.A.
13. FATHER'S NAME	& Docuraba a	ewerry pebo	14. MOTHER'S MAIDEN	NAME	0	·D·A·
	thews Rutled	ge		eanor Eich	er	
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.		INFORMANT		Address	
(Yes, no. or unknown)	If yes, give war or dates of service)		da Rutledge	Bohannan		gton Md. Presden St
18. CAUSE OF DEA	TH [Enter only one couse per lin	e for (o), (b), and (c).]	1			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	Heavet for	illite			ONSET AND DEATH
420.1	DUE TO		2 1			11. 1
Conditions, if on	ou subjet)	MAUGUITH	TRUBONS			24 hou
gove rise to in	nmediote (+ 2 7 7	,			
couse (o), stating t	he under-	Tel erock	rous		2 700	
_	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION	GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port t or Part II of item 18.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. In While of work	Not while to	LACE OF INJURY (Home, forractory, street, office bldg., etc	n, 20f. (City or town)	(Cou	unty) (State)
21. I certify the	at I attended the decease	ed from 9-1	- 1958 to	4-18 10	(4 that I la	st saw the decease
alive an 4	1-18- 10.		occurred at 9 9	AA from the court	a and an the	si suw life decedso
		C C	r occorred di_f	ADDRESS (Street, city or to		date stated abov
ACTUAL SIGNATURE	Paula E. 7	nahler	M.D. 53/1 /	Possevell	St B	etherola n
PHYSICIAN'S P	aula E. Mahle	er				
220 RUBIAL CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY	Utica. N		(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Work	D C 240 PEC	D BY REGISTRAR 24b. R		
	nes Co. 2901	. Wasii.	240. KEC		CL -4	
		LILVII DUA II	RET A B I DATE OF	IN THE SECTION AS	1 41 0 1	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRE A here this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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and the second	•		was firm print first and the season
	THE PROPERTY OF STREET	E. rice and Heritan Co., St.	
	OF THE BEST CANDES		

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04524

4551

CERTIFICATE OF DEATH

Reg. Dist. No.

	keg. Disi, 140.
1. PLACE OF DEATH o. COUNTY MONTAGE MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY THE PROPERTY OF COUNTY OF COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BROOKE CROYE Foundalion	1 d. STREET ADDRESS 8517 Flore e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Harry G	Lost 4. DATE Month Day Year OF DEATH CANAL 30 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 911 OR LL WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE/In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Just bighdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	TRY 19. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Heath	Mantha Hall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	MAS Bin whom 85 JAddress Flower and The
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Interval Between ONSET AND DEATH I Gran
ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. j1. p. m. 19 While of work of old of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
ACTUAL MASSICE	accurred atM, from the causes and on the date stated above. ADDRESS (Street_city or town, stote) DATE SIGNED AND.
PHYSICIAN'S J.W. Bird	Sandy Spring, Md.
220. BURIAL, CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY OF DUPIES 5/4/59 Glenwood Co	(51010)
The S.H. Hines Co. Washington 9,	N.W. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE D.C. DATEMAY 4 '59 Orthur & Kraus

IE OF DEATH		
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	all and	
	+1.74	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04526

	200		CEKTIFIC	AIE OF	DEAT	н		Reg. D	ist. No.	21	5
1. PLACE OF DEATH o. COUNTY Montgomery			MARYLAND	2. USUAL RES O. STATE Distri			d lived. If instituti				
b. CITY OR TOWN (IF	f autside corporate limi	s, write	c. LENGTH OF STAY IN 16				rate limits, write R	URAL and	give nea	rest tow	n)
RURAL and give ne Bethesda	1		6 days	Washing	ton			47	0-3		
d. NAME OF HOSPITA	AL (If not in haspital, g	ive street		d. STREET	ADDRESS	27 2	Com Book			ON A	SIDENCE A FARM?
U. S. Nava							Gun Fact			IE2 [NO Z
3. NAME OF DECEASED (Type or print)	Kather:		Middle Elizabeth	HERLI	HY	4. DATE OF DEATH	Apr		1	-	Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MAR	RIED A NEVER MARRIED	B. DATE OF BIR	ГН		9. AGE (In years last birthday)				ER 24 HRS.
Female	Caucasian	WIDOW	ED DIVORCED	9-10-0	5		53 yrs.	Manths	Days	Hours	Min.
00. USUAL OCCUPATION during most of work Housewife	N (Give kind of work of ing life, even if retired	lane 10b.	KIND OF BUSINESS OR IND		sachu	100	ountry)		J.S.A		COUNTRY
3. FATHER'S NAME				14. MOTHER							
John HENC	HEY			Grac	e DIL	LON					
IS. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		same	e as
(Yes, no, or unknown) ((If yes, give wor or dates of s	staice)	None (H) Capt.	Thoma	s C. H	erlihy.	SC. I	JSN.	11 -	above
PART 1. DEA 581. / Conditions, if or gove rise to in couse (a), stating to lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mediate the under- (c)	1	THE PATIC F LASHUECS CONTRIBUTING TO DEATH BL				E CONDITION GIV	/EN IN PA	ONS	5 U	AUTOPSY DRMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	r 20d. I		LACE OF INJURY	(Home, for	m, 20f. (Cit)			(County)	YES K	NO (Stote)
20c. TIME OF INJURY Haur a. m. p. m.	19	While of war	I doi willie	octory, street, offic	re bldg., et	(c.)					
21. I certify the alive an Apr ACTUAL SIGNATURE	ha Woo	19	sed from March 26	M.D. U.	2:53 S. Na	PM, from	reet, city or town,	and an i	last so	te stat	ed above
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	J. W. DAVI				hesda		aryland				
urial-Shipm	ent 4-2-59		Belmont Cem			Belm	TION (City, town,	ar county)	Mas	(Stat	te)
23. FUNERAL DIRECTOR'S			ADDRESS Wash 756 Penn. Ave.	ington,D,NW,	C24a. REC	PR 3	TRAR 24b. REGI	STRAR'S SI	en 2 a		

VS A15 (4) 15M 10/57

ATTAGO TO ETAGISTINES And Address of the U. S. Howe, House, J. and J. Harden, Market and . .

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4554 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery						
RURAL ond give			c. LENGTH OF STAY IN 16	c. CITY			prote timits, write R	URAL and gi	ve nearest to	wn)
	- Damascus		years			- Dam	ascus			
d. NAME OF HOS OF INSTITUTION RFD 3	PITAL (If not in hospitol, g		oddress)	d. STRE	RFD 3	. Mt.	Airy		ON	RESIDENCE A FARM?
3. NAME OF	Fire	ıt	Middle		Lost	4. DATE	Mon	th	Doy	Yeor
(Type or print)	Lucy			Herndo		OF DEATH	Apr	11 1	4	19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years lost birthday)			IDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	Marc	h 1.	1890	69 yrs.	Months D	Days Hou	rs Min,
100. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIR	THPLACE (Stot	te or fareign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Housew			Own home		Virgi				USA	
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
unk	nown McNea	ly			unkno	wn				
15. WAS DECEASED (Yes, no, or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addi	ess		
600 cm				Mr. G	eorge	T. H.	erndon.	Mt.	Airy.	Md.
18. CAUSE OF E	DEATH [Enter only one co	use per li	ine for (a), (b), and (c).]	,	1 .	1	1	١	INTERVAL	BETWEEN
PART I. E	DEATH WAS CAUSED BY:	Onl	burneline	2 Car	dervo	sey &	endelle	ral	ONSET AN	Lars.
1422.	DUE TO		× 100 × 100	7	-	- Ld 3-2	-		1	
Canditions, it	Communities V								0	
gove rise to	immediate									
couse (o), stati										
_	10		CONTRIBUTING TO DEATH BU	T NOT BELATE	D TO THE TERM	MINIAL DICEAC	E CONDITION ON	CALIAL DARK	1(=) 10 WA	CAUTORCY
PART II. (STHER SIGNIFICANT CON	DITIONS.	CONTRIBUTING TO DEATH BO	I NOI KELAIE	D TO THE TER	WINAL DISEAS	E CONDITION GIV	EN IN PAKI	PER	FORMED?
									YES	□ NO □
OR CONTRIBUTE	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURR	tD. (tnier noi	ite of injury it	n Part I or Por	T II OT ITEM 18.)			
Y 20c. TIME OF IN	п.	While	Not while f	LACE OF INJU	RY (Home, for office bldg., e	rm, 20f. (Cit	y or town)	(Co	ounty)	(State)
₹ p. r	n.	of wo	rk at work		E)	11/111	p			
21. I certify	that I attended the	deceas	-/-	, 19_	21_, to	4114				ne deceased
alive an	17/12	_, 192	4, and that deat	h accurred	at 1 - 70				e date sta	ated above
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	()	1/			1/1	ADDRESS (S	treet, thy or town,	stote)	.1/	DATE SIGNED
ACTUAL SIGNATURE	aniely s	SU	N	M.D	Jan	week	2 WW		411	4129
PHYSICIAN'S	T									
NAME (Type)	James P. 1	ierr								
220. BURIAL, CREMA REMOVAL (Spec	TION, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATO	RY	22d. LOCA	TION (City, tawn, o	or county)	(SI	tote)
Burial	4/16/5	9	Howard	Chape			Long Cor	ner	Md.	
23. FUNERAL DIRECT	OR'S SIGNATURE	4	de Damascu	s. Md		C'D BY REGIS		TRAR'S SIGN		
Ulm	d. Interna	in		, MI	DATE	PR 2 0 '5	19 an	Chun & 1	STALLA.	

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MARYEAND STATE DEPARTMENT OF HEALTH-DASTINGRE, 13

FOR STATE HEALTH DEPT

N

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary please execute the certification writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral direction as the form of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4528 Reg. Dist. No.

o. COUNTY				Where deceased lived. If instituti	ion: Residence before admission)				
IV.	Iontgomery	MARYLAND	Marylan	nd b. county	ontgomery				
b. CITY OR TOWN II	f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (1	f outside corporate limits, write F	RURAL and give nearest town)				
Kensing			X Kensing	ton					
	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
3935 Balt	imore Street		3925 Balt	imore Street	YES NO				
3. NAME OF DECEASED (Type or print)	THOMAS A.	N. HINDMAN	Lost	4. DATE OF April 28	3, 1959 Year				
5. SEX	6. COLOR OR RACE 7. M	ARRIED A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER TYEAR IF UNDER 24 HRS.				
Male	White WIDO	WED DIVORCED	March 17, 19		Months Days Hours Min,				
100. USUAL OCCUPATION	ON (Give kind of work done 1	Ob. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY				
M. D.	ng life, even if retired)	Physician	Pennsylva	ania	US				
13. FATHER'S NAME			14. MOTHER'S MAIDEN		1 00				
A. O. Hine	dman		Ada NewC	ommer					
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address					
Yes, no, er unknown)	WW 11	Unknown M	argaret Hind	dman-Item # 2					
	TH [Enter only one couse per				INTERVAL BETWEEN				
PART I. DEA	TH WAS CAUSED BY:	oronary Occlus	ion		ONSET AND DEATH Sudden				
420.1	DUE TO	oronary occius	2011		Buducii				
Conditions if a	Conditions, if ony, which) (b)								
gove rise to imme	diole couse								
(a), stating the	onderlying								
	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19, WAS AUTOPSY				
OIL					PERFORMED?				
200. EXTERNAL CA	USE WAS 20b. DESC	CRIBE HOW INJURY OCCURRED.	Foter nature of injury in Par	et Lor Port II of item 18.1	YES NO				
CAUSE OF DEATH.	NTRIBUTING [The state of the s	zmer notore or mijory in to	it to run it or new re.,					
ZOC. TIME OF INJU Hour o.m. p. m.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Od. INJURY OCCURRED 20e. PL/ While Not while fac It work at work	ACE OF INJURY (Home, form lory, street, office bldg., etc.	m, 20f. (City or town)	(County) (State)				
21. I certify t	hat I taak charge of tl	ne remoins described abo	ave, held an Autops	sy , Inspection X,	Inquiry X. and in my				
opinion death	resulted from: Natur	ol couses K, Accident	. Suicide .	Homicide . Undeter	mined manner				
ACTUAL SIGNATURE	Taup Jo Br	verhant	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED				
EXAMINER'S F	rank J. Brose	chart	ASSISTANT MEDICAL	_	xm 4/28/59				
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	27d. LOCATION (City, town, or	county) (State)				
Burial Specify	5/1/59	Parklawn C	emetery	Rockville,	Maryland				
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240. REC		TRAR'S SIGNATURE				
Robert A.	Pumphrey	Bethesda, Mar	yland DATHA	Y 1 250 044	wa & Kaned				
				Name and the second sec	William Wilder				

VS. A15ME 5M 2/57

PHO HYLAN

MARYLAND STATE DEPARTMENT OF HEALTH - PAUTHORE ST.

gremoutes M. T.			vio mogiti i L	
	norentenan.		ecis.	isma)
Sipport Feet 2	3925 Baltimare			a de
April 20, 1400		MANORIH .	n a sampara	
	HECGILI, ISIN		m o month was a	o for
	Pennsylvania	Physicina		¥. D.
	Ada NewCourse		ndinan maniba	
Item # 8	-nambalH Jeangu		CONTRACTOR AND ADDRESS OF THE ABOVE THE	u/c
nebbus	bo	onary Occiusi	Schiebler Cor	Dar
			of an indicate	
				THE REAL PROPERTY.
				1002
			Frank L. Broadin	

VS A15 (4) 15M 10/57

		4558	AND	STATE DEPART	MENT OF HE	ALTH—BA	LTIMO	PRE, 1	8	0.4	529	1
		2000		CERTIFIC	CATE OF DE	ATH			Reg. D	(1년) Dist. No.	04:	
1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deced					re admis	sion)
	Montgome			MARYLANG	Virgi	nia	b.	COUNTY	Fair	fax		
	b. CITY OR TOWN ((If outside corporate limits earest town)	, write	c. LENGTH OF STAY IN 18	c. CITY OR TOV	VN (If outside cor	porote limit	s, write RL	JRAL ond	give nec	rest tow	n)
	Bethesda			32 days	Vienr	na		83	X	3		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	re street	oddress)	d. STREET ADD	RESS					e. IS RES	FARM?
	The Clin	ical Center	Be	thesda 14. Md	3/19 1	ark Stre	eet				YES [NO 🗔
3.	NAME OF DECEASED	First		Middle	lost	4. DATE		Mont	h	Do	у	Year
	(Type or print)	Agnes	5	Amv	Hitt	DEAT	н	Apr	il	1	7.	19 59
5.	SEX	6. COLOR OR RACE	7. MARR	HED WENT MARRIED	8. DATE OF BIRTH			In years	IF UNDE		IF UND	ER 24 HRS
	Female	White	WIDOWI	DIVORCED	July 6. 1	914	1 1	irthday)) yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	one 10b.	KIND OF BUSINESS OR INI	OUSTRY 11. BIRTHPLACE	(State or foreign	country)		12. C	ITIZEN O	F WHAT	COUNTR
	Housewif			None	Iowa				II	. S.	Δ.	
13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME					45,0	
	William	F. Stine			Mable S	Stone						
15.	WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO. 17	INFORMANT The	Medical	Pocos	Addre	ess			
174	No. or unknown)	(If yes, give wor or dates of ser	vice)		The Clinica				- 71.	. Ma:	- Free	nd.
		ATH [Enter only one cou	se per lir	ne for (a), (b), and (c),]	THE OTTHICE	d Centre	Da!	Mesa	<u>a 111</u>		RVAL BE	TWEEN
		ATH WAS CAUSED BY:	12	RC INOMA	TOC 10 1	20000	, ,	DO.	= 469	IONS	ET AND	DEATH
	170 X	IMMEDIATE CAUSE (o)_	-	FICE IN UMA	10315	TRIMARY	3/10	12/51	SAS		6	mark
	Conditions, if a	mu which \										
	gove rise to i	mmediate (-		
	lying couse lost.	The Under-										
Z		HER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	F TERMINIAL DISE	ASE CONDI	TION GIVE	ENI INI DA	PT 1/01 1	O WAS	ALITOPSY
ATIC					or the metales to the	E TERMINAL DISE	ASE CONDI	HON GIVE	IN HA FA	K1 1(0)	PERFC	RMED?
FIG	20a. ACCIDENT W	AS UNDERLYING D 12	Oh DESC	RIBE HOW INJURY OCCUR	PED /Fater acture of in	iusy in Past Las P	net II of ite	- 10 1			YES D	NO 🗌
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER		THE TION HOOK! OCCOR	KED. (Einer notore or in	jory in ron ron r	Off II Of the	11 16.)				
		RY Manth, Day, Year	204 1	NJURY OCCURRED 20e.	BLACE OF INITIARY (U-	f not to						
MEDICAL	Hour o. m.		While	Not while	PLACE OF INJURY (Hon foctory, street, office blo	dg., etc.)	ity or town)			(County)		(State)
×	p. m.	19	of worl		/ 70		1					
	21. I certify th	nat I attended the d				o April	17,	19.59	,that I	last sa	w the	decease
	alive anA	pril 17,	., 19	and that dea	th accurred at 6	20 PM, fro	om the c	auses ai	nd an	the dat	e state	ed abay
	· · ·	1) 1		91 1.		ADDRESS	(Street, city	or town, s	tote)		D/	ATE SIGN
	SIGNATURE	Kentol	K.	Inother.	The Cl	inical (Center				4-1	18-59
	PHYSICIAN'S	M11				tional :	Instit	utes	of	Heal	th	
	NAME (Type)	Theodore L.	GOO	dfriend, M. 1	Bethes	da 14, 1	Maryla	ind				
	BURIAL, CREMATIC			22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (Cit	y, town, or	r county)	_	(Stot	e)
	Burial	4-21-5	9	Gelinston 1	hational	C/1	lineT	631		Sin	Gin	13
23.	FUNERAL DIRECTOR	Day 1		ADDRESS		. REC'D BY REGI		4b. REGIS	TRAR'S SI	GNATUR		17
61		· IMIF	-6-	11:	100 1/0 0	_ APR 2 0	'59	Cla	ilun .	9 4		

			MAXIAM SALE	
	HTAJO TO ST			
		Land March		
		Land Sales Sales	Street Street Street	
2 6 2				
			Contract to the same	
MESONTE , L. IDDILL				
	AND THE RESERVE AND ADDRESS OF THE PARTY OF			
	The District of the Control of the C	· · · · · · · · · · · · · · · · · · ·		
		in adjusted		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4557 may be retained by haspital ar attending physician. TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the fall director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye eachan papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hages after death.

CERTIFICATE OF DEATH

()4531 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgome	o. COUNTY MARYLAND MARYLAND					virginia Montgomery						ision)
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	И 16	c. CITY OR	TOWN (If o	utside corpo	rote limits, write	RURAL ond	give ne	arest tow	(n) V
Bethesd	a		4 days		Ch	risti	nsbur	g	8:	3 X	_ 3	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET A							SIDENCE A FARM?
The Clinic	cal Center.	Betl	hesda 14, M	d.	Ro	ute #	1. Bo	x 596	711			NO
3. NAME OF DECEASED	Fir		Middle		las	- 12	4. DATE		onth	Do	ру	Yeor
(Type or print)	Stanle	У	Allen		Howa	rd	OF DEATH	April		2		19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B	DATE OF BIRT	Н		9. AGE (In year			1	DER 24 HRS.
Male	White	WIDOWI	ED DIVORCED		March 7	. 195	2	7 pr		Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CI	TIZEN C	OF WHA	T COUNTRY
None (St	udent)		None		Vir	ginia				U.S	.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Edgar R.	Howard				Mildr	ed You	ung					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT Th	e Med:	ical F	lecord Ad	idress			
No	(IT yes, give wor or dates or s	Invice)	None	1	he Clinical Center, Bethesda 14, Maryland							nd
PART I. DE/ 754, 2 Conditions, if c gave rise to i couse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO my, which mmediate the under to the u	Pul	me for (o), (b), ond (c).] genital Hear ent Ductus monary Cong	Arte esti	riosus .on	- Pos	topera	ative re	pair	fect	a)	ETWEEN D DEATH
CATI			CONTRIBUTING TO DEAT						IVEN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	CURRED	(Enter noture o	f injury in P	art I or Part	II of item 18.)				
W 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 2 Not while of work	foct	CE OF INJURY (pry. street, office	Home, form, bldg., etc.	20f. (City	or town)		(County)		(Stote)
actual signature	ACTUAL SIGNATURE OF HEALTH M.D. The Clinical Center 4/3/59 PHYSICIAN'S William W Deaff W D National Institutes of Health								deceased ed abave ATE SIGNED 3/59			
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREO	59	22c. NAME OF CEMET				()	TON (City, town,		Upi	(Sto	le)
23, FUNERAL DIRECTOR	'S SIGNATURE	Co	14/00 Chap	114	SY. K2		BY REGIST		SISTRAR'S SI	-	RÉ	

050

ath: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR VS A15 (4) 15M 10/57

ST STOMPLASS STARRED DEMPENDING TATEL LABORAN . . . Janes L. H. TROM to managed attachmentation - security 71% attract the Wi

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
45 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04532

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If in	stitution: Residence before admission)
	Montgonera	MARYLAND	o. STATE b. COL	Mr Za
	b. CITY OR TOWN (If outside corporate limits, write RUSAL and owe negrest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and giv nearest town)
	Milvan Akrus	7 ms	56 1. Care sky.	
	d. NAME OF HOSPITAL OR INSTITUTION (nat in hosp	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
_	12031 Claridge	Rel	12031 Clarel	Rel YES NO S
3.	NAME OF DECEASED Type or print)	A Middle	D. OF	onth Day Year
5.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	D NEVER MARRIED 8.	ALL	1959 IF UNDER 1YEAR IF UNDER 24 HRS.
	Male whote WIDOWED		lost birthda()	Months Days Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done 10b. Kind up most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	William man	Laurely.	1/2	1181
13	FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME	7-3-64.
	Lesson D XXX F. H.	11/2 SP	1.00: 40	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT Add	Tens
[Ye	yes (If yes, give war or dates of service) 2	26-20-2054	value them Horse (4	id.) Ilin 2
	18. CAUSE OF DEATH [Enter only one couse per line for part 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7/4/ Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c)	or (a). (b). and (c).]		interval between onset and deal in testing from
CATION	(-)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFI	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. White	NULLY OCCUPRED 200. PLAC	ter noture of injury in Part I ar Part II of item 18.) Character function form. For INJURY (Home, form., 20f. (City or town) / y, street, affice bldg., etc.)	fix home (County) (Stote)
	21. I certify that I taak charge of the re	emains described abov	e, held an Autapsy , Inspection F	Inquiry . and in my
	opinian death resulted from: Natural co], Suicide 🔀, Hamicide 🗍, Undo	etermined manner DATE SIGNED
	SIGNATURE JELLA J' JAGE	renau	M.D. CHIEF MEDICAL EXAMINER	
	EXAMINER'S FLANK J. BA	oschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	4-20-59
	R NORTH CREMATION, REMOVAL (Specify) BURIAL 4/24/59	ZZc. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, fow RICHMOND.	
23	FUNERAL DIRECTOR'S SIGNATURE VALUE E. PUMPHIREY . INC.	ADDRESS	24a. REC'D-BX REGISTRARO 24b. RE	ECCERANISTS I GHARTARAM
16	Raymond Waiska	SILVER SPRIM		arthur & Haus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certifirm writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct thould be farm, as thould be farm, to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, ar removal, and in apprecent within 72 hours after death. VS. A15ME 5M 2/57

E PASSULLS II. STRAIG NO STADISTURS ZOBLIM OF JASIONA TRANSPORT	TAY ST
	31125
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TOTAL TOTAL TOTAL CONTROL OF THE PARTY OF TH	

hospitol or attending physician.

may be retained by

VS A15 (4) 15M 10/57

page 3 should be detached for use as the burial-transit the registrar priar to burial, cremation, or remaval,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4559

CERTIFICATE OF DEATH

04533

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Mont gomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY					
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	a little and a little and a second						
d. NAME OF HOSPITAL (If not in haspital, gi		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
The Clinical Center	, Bethesda li, Md.	3914 Bruce Street	YES NO G				
3. NAME OF Firs DECEASED (Type or print)		Lost 4. DATE Mor OF DEATH Am	- Cay				
TIOT BIG		nuru Ap	7, 1959				
Male White	7. MARRIED TO NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH July 24, 1903 9. AGE (In years lost birthday) 55 yrs.	Months Doys Haurs Min.				
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Labor Supervisor	Government	Virginia	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.D.A.				
Elijah Hurd		Corrinna Coleman					
15. WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT The Medical Recorded	rett				
No (If yes, give wor or dates of se	(Assura	he Clinical Center, Bethes					
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO DEATH BUT 20b. DE CRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	ZENIN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ID NO				
20c. TIME OF INJURY Month, Day, Yeo Hour o. m. 19		ACE OF INJURY IHome, farm, 20f. (City or tawn) tory, street, office bldg., etc.)	(County) (State)				
PHY SICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO	7. 19. 59, and that death	occurred of 9.20 AM, from the causes of ADDRESS (Street, city or town, M.D. The Clinical Center National Institutes of Bethesda lli, Marylar	stole) 4-7-59 of Health				
BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE When they through	Jone Aboress	CEMETERY ALEXA 240. REC'D BY REGISTRAR 246. REGIST	NORIA, VA				

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VS A1S (4) 1SM 9/SB

	MARY	LAND	STATE DEPAR	RTMEN	NT OF HEA	ALTH	I-BAL	TIMOR	RE, 1				
	456	50	CERTIF	ICAT	E OF DE	ATH	1			Reg. Di)45 st. No.	34	
1. PLACE OF DEATH a. COUNTY Montg	omerv		MARYL		usual Residen a. STATE Maryl	ce (Wh	ere deceose			n: Residen			ion)
b. CITY OR TOWN	(If outside carporate lin	nits, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOW		utside corpo	orate limits,					n)
RURAL and give Bethesda, R.	nearest tawn)		17 Months		1		rson						
d. NAME OF HOS	PITAL (If nat in haspital,				d. STREET ADDR								FARM?
3. NAME OF	oin Nursing	irst	Middle		Last		4. DATE		Mant		Day		Yеог
(Type or print)		_		Har			OF DEATH		Am		1		19 59
S. SEX	John		tephen RIED NEVER MARRIED		ATE OF BIRTH		DEATH	9. AGE (In		IF UNDER	-		
		WIDOWI		_		060		last birtl	hdoy)	Months	Days	Hours	Min.
Male	White	1	KIND OF BUSINESS OR		ec- 12-1		or foreign o	90	yrs.	12 CIT	IZENI OE	VA/LIA T C	OUNTRY
during mast af w	arking life, even if retire	d)	KIND OF BUSINESS OK	HADOSIKI			or foreign c	.domiy)				WHATC	OUNTRI
	ired farm o	wner		-	Virgin		4145		100	U	.S.		
13. FATHER'S NAME					4. MOTHER'S MA	-							
	ge Hurt				Sarah	. W1.	ley						
(Yes, no, or unknown)	VER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.		RMANT				Addre	-			
No			nohe	Mis	s Della	Hur	t, 230-	-R. I.A	ve]	V. E	Wash	ing	ton,
1B. CAUSE OF D	EATH [Enter anly one of	ause per li	ne far (a), (b), and (c).]									RVAL BE	
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE ((a) C	exebral	he	morrh	age					4	da	DEATH
33/X	DUE TO					0		1					1
Canditions, if	ony, which)	bi Cc	cobral A	x+0	xinsc	lex	051	5			5	2211	FAYS
gove rise to	immediate (1		, , , ,	1					-	7	
couse (o), statin	g me under-	G G	neralized	Ar	terios	ele	YOSI	S			110	VE	EGYS
PART II. O	THER SIGNIFICANT COL	NDITIONS (CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO TH	E TERMII	NAL DISEAS	SE CONDITIO	ON GIVE	N IN PAR	T 1(a) 15	PERFO	PRMED?
5		I.e.										YES	NO [
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRED. (I	Enter nature af inj	jury in F	Port I ar Pai	rt II af item	1B.)				
20c. TIME OF INJU Haur a. m p. m	. 10	ear 20d. II While at wor	Nat while _	PLACE foctory	OF INJURY (Ham , street, office blo	ne, farm, dg., etc.	, 20f. (Cir.	y ar tawn)		(4	Caunty)		(State
21. 1 certify	that I attended the	e deceas	ed from A	oxil	1950 1	a /	APY	(1) 1	959	hat I lo	ist saw	the d	lecense
alive on	311 March	19	Andrew .	death a	curred at 2-								
(V	0		acam ac	corred dize			itreet, city a			e dule		TE SIGNE
ACTUAL SIGNATURE	Total Mr.	Am	ith	M.D	Bax	he-		110,	M	d.	1	Apx	5
PHYSICIAN'S NAME (Type)	Gordon M. S	mi th											
22a. BURIAL, CREMAT REMOVAL (Specif	ION, 22b. DATE THERE		22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	TION (City,	tawn, o	r caunty)		(Stat	0)
Burial 23. FUNERAL DIRECTO	R'S SIGNATURE		Monocary		24-	n. REC'E		all sy	110	RAK S SIG	GNATUR	F	
143:00.	D11: 11-	B-	100	n		TE AP		59		hung S.			
Wilder	J.Millon	Na	Mesnell,	1110	DA	TE ME	110			الما اسم	/ STAW	G	

\$100 E.S.	Hong Cyrodi		Cremotoroy
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04535

16

U. S. A.

(County)

Days

Months

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

11-79-59

(State)

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 59

15M 10/57

			PROPERTY OF THE PROPERTY OF TH
OPPLIES TO SERVICE			
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	20	UN	-						Reg. [Dist. No).	
1. PLACE OF DEATH o. COUNTY Montgomer	y		MAI	RYLAND	2. USUAL R		ere decease	d lived. If institution of the country of the count	ution: Resid	ence befo	ore admis	sion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY C	R TOWN (If o	utside corpo	prote limits, write			arest tow	n)
Bethesda			37 day	S	Silv	er Spri	ing :	56				
d. NAME OF HOSPIT OR INSTITUTION The Clini	AL (If not in hospitol, o		oddress) thesda lli.	Md.		T ADDRESS Colony	Pond	1				SIDENCE A FARM?
3. NAME OF	Fin	-	Midd			Lost	Road		- At			
DECEASED (Type or print)		frey	Lyn			obson	OF DEATH		onth	7	Oy O	Yeor
S. SEX	6. COLOR OR RACE				B. DATE OF BI		DEATH	9. AGE (In year	ril	ER 1 YEAT		1959 ER 24 HRS
Male	White	WIDOW				15. 19	957	lost birthdoy	Months		Hours	Min.
On USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU				ountry)	12. C	ITIZEN (OF WHAT	COUNTR
Child	king life, even if retired	'	None			Wisc	consir	1		II	.S.A	
3. FATHER'S NAME						R'S MAIDEN N						
James L.	Jacobson				Jean	ne LaRo	ock					
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	IO. 17. II				Record	ddress			
No	(If yes, give wor or dates of s	ervicaj	None	Th				Bethes		. Ma	ryla	nd
	TH [Enter only one co	use per li				2002 00	31.001	Detrice	44		ERVAL BE	
	TH WAS CAUSED BY:	P	ronchopne		a					ON	SET AND	DEATH
1550	IMMEDIATE CAUSE (d	1										- 0
Conditions, if o	ny which \	H	lepatoma							-	l yr.	
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lying couse lost.	the under-											
<u> </u>	IER SIGNIFICANT CON	DITIONS							GIVEN IN PA	ART 1(o)	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter notur	e of injury in F	ort I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.		or 20d. II	NJURY OCCURRED Not while	20e. PL/ foo	ACE OF INJUR	Y (Home, form, fice bldg., etc.	, 20f. (City	or town)		(County)		(State)
₹ p. m.	19	of wor	k of work						-			
21. I certify the	at I attended the	deceas			195	9 , _{to} Apr . 1:15a		n the causes	9 ,that I	last s	aw the	deceas
dive direction	110		o ' dia me	n ueum	accorrect			n the causes treet, city or tow		the do		ed abov
ACTUAL SIGNATURE	bechard	Le	2			Clinic	cal Ce	enter				12-59
PHYSICIAN'S NAME (Type)	G. Richard	Lee,	M. D.			ional] hesda l		utes of ryland	Heal	th		
20. BURIAL, CREMATIO REMOVAL (Specify)		F O	22c. NAME OF CE			~		TION (City, town			(Stot	
Bur-Trans		79		Lawn	Mem.	Cem		e Coun			cons	1n
			ADDRESS	1/		8.1	PR 1 4	75.9 24b. REG	GISTRAR'S S			
KODETT A	. Primph re	D.C.	Bethesda	- MA	rvlan	DATE M	T I EA E	00		4 / 17	MALE "	

eath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 and 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A1S (4) 1SM 10/S7

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VS A15 (4) 15M 9/5B

4564	CERTIFICATE OF DEATH	R
	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18

		CEKTIFICA	AIE OF DEAIR	1	Re	eg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	tromery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland		b. COUNTY	Residence before	/
b. CITY OR TOWN (IF	autside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate			
RURAL and give ne	11	3 Months	West River	rdale	162	5-2	
d. NAME OF HOSPITA	AL (If not in haspital, give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	ursing Home		Beacon Li	ght Rd			YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	chnson	4. DATE OF DEATH	Manth	16/	y Year 1959
5. SEX	6. COLOR OR RACE 7. MARE		8. DATE OF BIRTH	9. ,	AGE (In years IF I	UNDER YEAR	IF UNDER 24 HRS
16-3-	WIROW		April 1. 18		70 yrs.	anths Days	Hours Min.
10g. USUAL OCCUPATIO	N (Give kind af wark done 10b.	KIND OF BUSINESS OR INDU				12. CITIZEN OF	WHATCOUNTRY
during mast at wark	ing life, even if retired)		Mervla				
Labore 13. FATHER'S NAME	r		14. MOTHER'S MAIDEN				
	rson Johnson		Della J				
				ондон			
	R IN U. S. ARMED FORCES? 16. If yes, give war or dates of service)		NFORMANT		Address		
		Ha	ttie Jackson	Hur	atsville,	Ma	
18. CAUSE OF DEA	TH [Enter anly one cause per li	ne, far (a), (b), and (c).]		W- 1000		INTE	ERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mysaul	Itin ch	onic	1	2	mount
420.0	DUE TO	V V	2001	1)	4
6- 80 7	/	- Ao	1 1	14-	7		
Canditians, if ar	nmediate	yens A	curre	1/20	7		
cause (a), stating t		1-0				4	Zaco
lying cause last.) (c)	alleg	(- 4
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(6)	9. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part 1 ar Part 11	af item 1B.)		
ZOc. TIME OF INJURY Haur a.m. p. m.	Manth, Day, Year 20d. II		ACE OF INJURY (Hame, farm		tawn)	(Caunty)	(State
Haur a.m.	While	Nat while	ctary, street, affice bldg., etc	.)			
	u di wai	W/ 11	10 11	1110	17:		
21. I certify the	at Lattended the deceas	ed fram. 4 / 1/	, 19, <u>5</u> , ta	-1-1-19	, 1957,thc	at I last saw	v the deceased
alive an 4	19	1_/, and that death	accurred at	M, fram the	e causes and a	an the date	stated abave
1	Nhana'	1	0 1	ADDRESS (Street	t, city or tawn, stat	le)	DATE SIGNE
ACTUAL SIGNATURE	NYDent		Mo Sank	7 H2		4	111015
PHYSICIAN'S NAME (Type)			/	7-7-		/	///
22a. BURIAL. CREMATION	N 22h DATE THEREOF	220 NAME OF CEMETERY C	D CREATATORY	22d LOCATION	N (City, tawn, or c	ounty)	(Ctotal
REMOVAL (Specify)	O TO A CO	22c. NAME OF CEMETERY O		220. COCATION	t teny, lawn, or co	n	(State)
Purial	4/8-6/59	Good Hope C		Coles		10	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS OF	24a. REC'	D BY REGISTRAR		AR'S SIGNATUR	
MILITA	Justalu	Coeperale,	MICK DATE AF	PR 2 2 '59	arin	un & than	14

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page		recta	page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be fitted-with	
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Ö	may be retained by hospital ar attending physician.	200	Je F	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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VS A15 (4) 15M 10/57 051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

		2011		CERTIF	ICA	TE OF DE	ATH	1		Reg. D	ist. No	215		
0	LACE OF DEATH COUNTY Montgomer	У		MARYL		o. STATE Marylan	IG (WH	ere deceased	lived. If instituti b COUNTY MON US	on: Reside	nce befo	re admis	sian)	
	CITY OR TOWN (II	autside carporate limit	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOV	NN (If o	utside carpor	ate limits, write R			arest taw	n)	
1	RURAL and give ne Bethesda	/ \		29 days		Chevy C	hase	9						
d	. NAME OF HOSPIT	AL (If not in hospital, gi	ve street	oddress)		, d. STREET ADD	RESS					e. IS RE	SIDENCE	
	U. S. Nav	al Hospital				115 Hes	keth	Stre	et				A FARM?	
3. N	AME OF	Fin	t	Middle		Lost		4. DATE	Man	th	Do		Year	
(1	YPE or print)	Harve	y	Fletcher		JOHNSON		DEATH	Apr	il	- 2	_	19 59	
S. SI	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	В.	DATE OF BIRTH			9. AGE (In years	IF UNDE	RIYEAR	I YEAR IF UNDER 24 HRS.		
M	ale	Caucasian				8-27-82			lost birthday) 76 yrs.	Months	Days	Hours	Min.	
10a.	USUAL OCCUPATION	N (Give kind of work d		KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE	E (State	ar fareign ca	untry)	12. CI	TIZEN C	DF WHAT	COUNTRY	
	Mariner	ing life, even if retired)	II.	S.Coast Gua	ard	Ar	kans	185		1	J.S.	Δ		
13. F	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									7 6 12 6 .				
	Leander	TOHNSON.			9813	Sally	THOM	PSON						
	VAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT	22101	11 10011	Add	ress			_	
{Yes,	Yes	It yes, give wor or doten of se Unknown		Jnknown	Ho	spital R	ecor	ากร						
TION	Canditions, if as gave rise to in cause (a), stating to lying cause last. PART II. OTH	the under DUE TO		ccinoma, squ						'EN IN PA		yea		
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC								YES K	NO [
MEDIC	20c. TIME OF INJURY Havr a. m. p. m.	19	While at wor	k at while	facta	E OF INJURY (Harry, street, affice bl	dg., etc.)			(County)		(State)	
	21. I certify the alive on Apr actual signature Physician's NAME (Type) G	4. W. J	12 dy	ed from March 29, and that of R., CDR, MC,	death a	U.S.	Nav	M, from	the couses of cet, city or town, spital, aryland	and an state)	last so	te stat	deceased ed abave ATE SIGNED 22-59	
220.	BURIAL, CREMATION REMOVAL (Specify) Burial	1-24-59		22c. NAME OF CEMET Arlington					ion (city, town, ongton	or county)		(Sto		
23. F		rey Funera				24		BY REGISTI	RAR 24b. REGI	Thung &	IGNATU	RE		

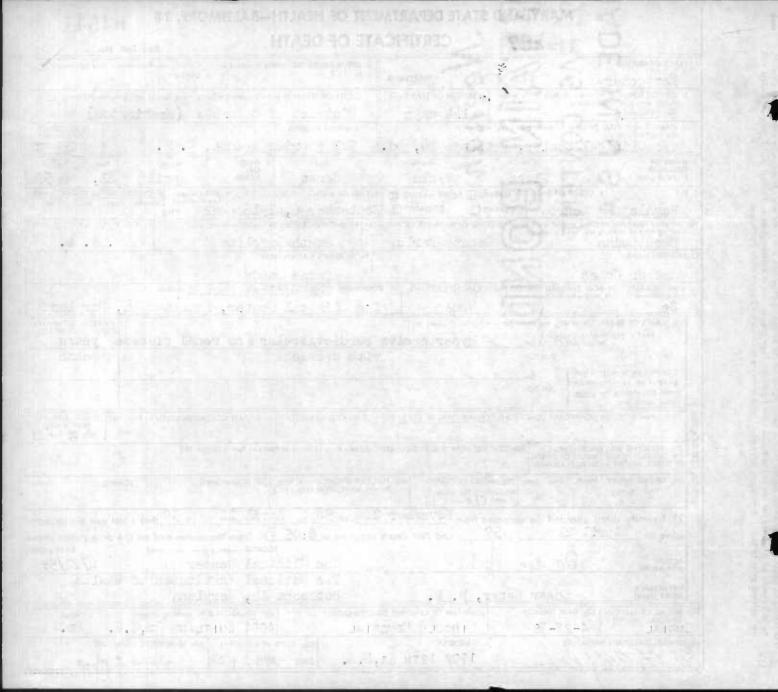
CERTIFICATE OF DIATH

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	450	7	CERII	FICA	ATE OF D	EAIH			1	Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY Montgomes	·y		MARY	LAND	2. USUAL RESIDE o. STATE	NCE (Whe	ere decease		institution DUNTY	Resider	X 3	odmissio	an)
	fautside carparate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	tside corp	orate limits,	write RUR	AL and	give near	est town)	
Bethesda	aresi rawiiş		144 days	S	Distri	ct of	Col	umbia	(Wa	shin	gton)	
OR INSTITUTION	AL (If not in hospital, g ical Center			Md.	d. STREET AD 527 F1		a Ave	nue, l	1. W.		e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fid Flo	st	Middle Viola		loss Jone		4. DATE OF DEATH		Month Apri		Day 21,		ear 9 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 🔀	B. DATE OF BIRTH			9. AGE (In last birt			1 YEAR		
Female	Negro	WIDOWE	DIVORCE	DO	September	6, 1	1916	42	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLA	CE (State o	r fareign	country)		12. CI	TIZEN OF		
Beauticia 13. FATHER'S NAME	an		Beauty Parl	Lor	14. MOTHER'S A	th Ca		na			U . 2	. A.	•
Arthur Jo		CE\$2 14	SOCIAL SECURITY NO	17 8		ah Da		Danas	3 Addres				
(Yes, no. or unknown)	If yes, give war or dates of s				NFORMANT The						1. 1.6.		
No	P-		None		The Clini	.car (Sente	r, be	nesc	ia I			
	TH [Enter only one co TH WAS CAUSED BY:	iuse per lir	941 -	•					7 10		ONSE	T AND	DEATH
11112 4	IMMEDIATE CAUSE (c		Hyperten		cardiova with uren		ar an	d rena	al di	sea		rears	
						-							
Canditions, if a gave rise to in cause (a), stating lying cause last.	mmediate (
gave rise to in cause (a), stating lying cause last.	the <u>under-</u>)	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO 1		NAL DISEA:	SE CONDITIO	ON GIVEN	N IN PAR	- ' '	, WAS A PERFOR YES Z	MED?
gove rise to it couse (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u> DUE TO (c) IER SIGNIFICANT CON) DITIONS_C	CONTRIBUTING TO DE			HE TERMIN				N IN PAR	- ' '	PERFOR	MED?
gove rise to in couse (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	The under- the under- (c) IER SIGNIFICANT CON IS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	CRIBE HOW INJURY O NJURY OCCURRED Not while of work	20e. PL	D. (Enter nature af ACE OF INJURY (Hatary, street, affice t	HETERMIN injury in Po ome, farm, oldg., etc.)	ort I or Pa	rt II of item by or tawn)	18.}	(Caunty)	PERFOR YES 2	(State)
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m. 21. 1 certify th	INTERPRETATION OF THE PROPERTY	20b. DESC or 20d. IN While of worl	NJURY OCCURRED Mot white of work of work of the modern of	20e. PL	D. (Enter nature af	HETERMIN injury in Po me, farm, oldg., etc.) ta_A]	20f. (Cit	rt II of item ry or tawn) 21 , 1 m the car	9.59, uses an	that I	Caunty)	PERFOR	(State)
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Sove rise to it couse (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR. Hour a. m. p. m. 21. I certify the olive an ACTUAL SIGNATURE PHYSICIAN'S	mmediate DUE TO the under- the under- to IER SIGNIFICANT CON S. UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y. Month, Doy, Ye 19 at I attended the pril 21 Edgar	20b. DESC 20b. DESC 20b. DESC While of world decease, 192	NJURY OCCURRED Not white of work of work of the polymer, ond that out of the polymer, M. D.	20e. PL. fac	D. (Enter nature of ACE OF INJURY (Hetery, street, office to the control of the	me termining in Pome, form, oldg., etc.) to All; 05 1	20f. (Cit poril PM, fro DDRESS (sical onal	y or town) 21 , 1 m the contention center Instir	9 59, uses and town, ar	that I d on tote) Of caunty)	Caunty) last say he date	w the ce stote DA	(State) (State) deceased above the signed (State)
gove rise to in couse (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the olive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATIO REMOVAL (Specify)	mmediate the under. IER SIGNIFICANT CON S. UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y. Month, Doy, Ye 19 at I attended the pril 21 Edgar N. 22b. Date THEREC 4-25-59	20b. DESC 20b. DESC 20b. DESC While of world decease, 192	NJURY OCCURRED Not white of work of work of work of work of that M. Ond that M. D. 22c. NAME OF CEMI	20e. PL, fac	D. (Enter nature of ACE OF INJURY (Hetery, street, office to the control of the	HETERMIN Injury in Po Ome, form, oldg., etc.) to A Clin: Nation Nation A CAO. REC'D	20f. (Cit Dril PM, fro DDRESS (Sical Onal 111, 223, 100/4	y or town) 21 , 1 m the content of Center Maryl: ATION (City. SUITL.) STRAR 246	9 59, uses on rown, ster tutes and rown, or AND F	that I d on tote) Gaunty) RD, S	Caunty) last say he date	w the ce stote. DA L/22 Lth (State	(State) (State) deceased above the signification (State)



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4568 CERTIFICATE OF DEATH

F DEATH	(14)4)
DEATH	Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Mont	gomery	.*	MARYL	AND	2. USUAL RESIDENCE (WI		d lived. If institute b. COUNTY Columbia	anı Reside	nce before a	idmission)
b. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF			URAL and	give neorest	l fown)
RURAL and give ne	norest town) Nesda		10 day	9				117	V 3	
d. NAME OF HOSPIT	AL (If not in hospital,	give street		2	Washin	8 cou 1	.5)	Left	1.1	S RESIDENCE
OR INSTITUTION	urban Hosp	ital			onon M		D 1			ON A FARM?
3. NAME OF		rst	44.44				ry Road			
DECEASED (Type or print)	Marv	rat	Middle Flizabeth	2	Karchem	4. DATE OF DEATH	Mor		Day	Yeor 19 59
5. SEX Female	6. COLOR OR BACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH	AV 7 TO	9. AGE (In years lost birthday)			UNDER 24 HRS.
		WIDOW	ED DIVORCED		5/19/86		72 yrs.	Months	Days H	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CI	TIZEN OF W	VHAT COUNTRY?
Housewi f		,			Washingt	on D	C		U.S.B.	
13. FATHER'S NAME	8				14. MOTHER'S MAIDEN		. 0.		0.0.0.	
William	C. Foxwell				Tinny	Wrigh	nteen			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	NFORMANT TELLIFIC	WIIE		ress 2772	277 344 7	itary Rd
[Yes, no, or unknown)	It yes, give wor or dates of t						7,00			
No L				ېد ا	ouis Karchem			Was		on 15, D
			ne for (a), (b), and (c).]		0				ONSET	AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 . /	Bronchi	91	I'neum.	nia.				Odays.
422,	DUE TO									
Candilians, if a	ny, which) (t	. /	maste	-	Heart 7	action	se _	-	10	days
gave rise to in	nmediate ()								
lying couse lost.	the under-		- ndio V	200	Heart 7.	Land			10	31.
	IER SIGNIFICANT CON				NOT RELATED TO THE TERM			EN IN PAR	PT 1/01 19 V	VAS ALITOPSY
-T	^	-	erebend	_		das	2	LIA IIA I AI	P	ERFORMED?
200. ACCIDENT WA). (Enter nature of injury in	On the Par	A 11 14 10 10 10 10 10 10 10 10 10 10 10 10 10		YE	s [] NO []
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20B. DES	CRIBE HOW INJURY OC	COKKED	, (Enter nature of injury in	Part I or For	TII OT ITEM 18.J			
	Month, Doy, Ye		•		CE OF INJURY (Home, farm lary, street, office bldg., etc		or town)	((County)	(Stote)
Hour o.m.	19	While of wor	k ot work	ide	iory, sireer, orrice olog., erc					
21 Leastifu th	at I attended the	docade	ad from W/-	?	, 1959, to	1117	100	2.1 1	1 .	
alive an 4			9		17.0 7.10 5		19-0-1	, inai i	last saw	rne deceased
alive an7	/	, 190	, and that o	seath	accurred at 11:40				he date :	
ACTUAL	00	- 1	211				treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	John -	7- /	Jack	^	A.D. 79369	ren	zetom	14	A \	+
PHYSICIAN'S NAME (Type)					Ben	there	La .1	4	md	
220. BURIAL, CREMATIO	N. 226. DATE THEREC)F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)
REMOVAL (Specify)	4/15/5	9	Ft.Linco	ln	Cemetery	4.177	Geo.Co.		rvla	nd
23. FUNERAL DIRECTOR			ADDRESS	Was	h D C 240. REC	D BY REGIST				
The S.H.H	lines Co.	,290	1 14th St	N		Inn .	100			
		-			DAIL		00	Irthur	1 56	A

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and the second	•			100	Salah B	
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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4569

CERTIFICATE OF DEATH

04543

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgon	nerv		MARYL	AND	o. STATE	land	nere deceased	lived. If institution b. COUNTY Montgo	on: Residence	e before	odmissi	ion)
	f autside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 16			utside corpor	ate limits, write F		ve near	est town)
Olney			1 day		X Germ	antow	n					
OR INSTITUTION	AL (If not in hospital, g				d. STREET	ADDRESS				e		FARM3,
Montgomery											AF2	NO 📆
3. NAME OF DECEASED	Fir	st	Middle		Lo	tze	4. DATE OF	Mor		Day	,	Year
(Type or print)	Brad		Thomas		Kir	ng	DEATH	April		4	1	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	D B	B. DATE OF BIRT	ГН		9. AGE (In years lost birthdoy)	Months [
male	white	WIDOW	ED DIVORCED		2/8/67	7		92 yrs.	Months	Poys	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign co	untry)	12. CITIZ	EN OF	WHAT	COUNTRY
#none	inclife, even if retired	'	Labor		Mar	vland			I	J.S.	A .	
13. FATHER'S NAME				W.	14. MOTHER'S	V						
Charles Kir	ag				Mitt	tie Wa	tkins					
IS. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		-	
(Yes. No unknown)	(If yes, give war or dates of s	ervice)	None		Hospita	l Rec	ord	0]	ney, N	ſd.		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] Bronchial Chronic Co				liec 1	Foilure		ONSE	VAL BE	DEATH
gove rise to in couse (o), stoting the lying couse lost. PART II. OTH	the <u>under-</u> DUE TO)	Arteriosc	ler	otic H	leart	Dise	ase wix	hx		2 V6	ears AUTOPSY
3 General			sclerosis									NO 😿
(IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) / Month, Day, Yee	20d. II	NJURY OCCURRED 2 NOT While	Oe. PLA	CE OF INJURY ory, street, office	(Home, form	, 20f. (City		(Cc	ounty)		(Stote)
	129	deceas	ed from 12/15, and that d	leath	occurred at	1:40	AM, fram ADDRESS (Str	the causes of the city or town,	and on the	ost sav	state	decease ed above ATE SIGNE
	G. F. Meado		M.D.		Dame	scus,	Maryl	and				
220. BURIAL, CREMATION REMOVAL (Specify)	N, 225. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
Burial	April	6		Met	hodist	ţ	Ceda	r Gro	ve		Md	
23. FUNERAL DIRECTOR'S	SIGNATURE	s_I	ADDRESS Laytonsvil	le,	Md	240. REC'E	BY REGISTR		STRAR'S SIGN			

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			A STATE OF THE STA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04544

Day

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Days

(County)

e. IS RESIDENCE

ON A FARM? YES NO K

Year

19

Reg. Dist. No.

Manths

15M 9/55

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A CONTRACTOR OF THE PARTY OF TH	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04545 CERTIFICATE OF DEATH 4571 Reg. Dist. No 1. PLACE OF DEATH a. COUNTY admission 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Montgomerv Marvland Prince Georges b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give neorest town) hours Forest Heights Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION The Clinical Center. Bethesda lu. 328 Terrell Avenue NAME OF DECEASED 4. DATE Manth OF DEATH the (Type ar print) Katherine Korhnak Anne April 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lasts birthday) IF UNDER TYEAR IF UNDER 24 HRS Female White 83 DIVORCED T WIDOWED | YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) None 60 pup Germany thi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ralph V. Korhnak Ann Harrington 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. sinc NO unknown) None The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia 96,6 DUE TO Metastatic carcinoma of the hilum of the lung Canditians, if any, which paub Examiner gave rise to immediate DUE TO cause (a), stating the underlying cause last 6 Undifferentiated carcinoma sacrum arcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) cal 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) कु 20c. TIME OF INJURY Manth 20e. PLACE OF INJURY (Home, farm, | 20f. (City or fawn) Day, Year 20d. INJURY OCCURRED (0) Or Haur a. m factory, street, office bldg., etc.) While Nat while at wark at wark p. m April 26 21. I certify that I attended the deceased from ent .that I last saw the deceased dered

(County)

(State)

e. IS RESIDENCE

26

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

Months

Months

PERFORMED? YES NO K

24 Hours

Days

ON A FARM?

YES NO TO

Year

1959

alive on

ACTUAL

and that death occurred at 10:25 M, from the causes and an the date stated above.

ADDRESS (Street, city ar town, state) The Clinical Center

22d. LOCATION (City, tawn, or county)

DATE SIGNED

NAME (Type)

REMOVAL (Specify)

Nathan S. Taylor, M. D.

National Institutes of Health Bethesda 14. Maryland

of

co

03

consi D

Not

23. FUNERAL DIRECTOR'S SIGNATURE NALDI TUNERAL HOME 816. H St. N.E. WASH. I

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

FUNER 3

shauld

page

MARKYLAND STATE DIPARTIALS OF BEAUTH-SALTIMONS TO HI ARRAD TI AD PRISHO - CONTRA

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

that the death certificate may be retained by page 3 should TO HOSPITAL VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Page

eoth.

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	Amen's a		
		100 State 27	
Bereit British San State State	No representation of the second		
THE RESERVE OF THE PARTY OF THE PARTY.			

VS A15 (4) 1SM 10/57

04547

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Yeor 59 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY U.S.A. The Clinical Center, Bethesda 14, Maryland 1-2 Minutes 2-3 Months PERFORMED? YES PA NO [(County) (State) April 23 1959 that I last saw the deceased and that death occurred at 6:07P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED National Institutes of Health 22d. LOCATION (City, town for county) (State) 24b. REGISTRAR'S SIGNATURE CDATE APR 2 8 '59 arthur S. Kraus

	DT 522540E1645年1013年10月20日7日的初始的日本14年2月20日8月17月4日
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4573 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If autside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 1 NAME OF First DATE Middle Month Year DECEASED DEATH (Type or print) PRIL 195 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN SHAME hours INFORMANT Address (If yes, give war or dates of service) attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO MELLITUS Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour Q. m While Not while at work at work p. m 21. I certify that I attended the deceased from. 2., 19.59, that I last saw the deceased , and that death occurred at 6 90 M, fram the causes and an the date stated above alive an DATE SIGNED ACTUAL PHYSICIAN'S FUNERAL NAME (Type) 3 BURIAL CREMATION. 22b. DATE THEREOF 225-NAME OF CEMETERY OR PREMATORY page REMOVAL (Specify) the 0 23. FUNERAL DIRECTOR'S 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cirthury & House 15M 10/57

	HYARO SCIENCE CONTROL OF A STATE
27.	

death. Page 4 erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter hospital or attending physician. After this certificate has been signed by the attending physician and campletely filled in by the After this certificate has been signed by the ottending physician and cample and 2 she hed for use as the burial seast permit. Then please remove carbon papers. Pages I and 2 she rial, cremation, or removal, and in any event within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4475

Reg. Dist. No. 49

1. 1	COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where of STATE ZUOSA, de		If institution:	Residence befor	re admission)
1	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
2	skome fock, md.	Thrisking	ton Il	0,	477	(-3
1	I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	1.1 4	1 1		e. IS RESIDENCE ON A FARM?
1/4	Basking Jen Dani turium & Hospita	1631 BUL	10 -10	REEL		YES NO P
	HAME OF PICEASED Type or print) First Middle CAROLANT	LOST SEN	4. DATE OF DEATH	/ Month	15900	y Year 19
5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	July 16, 187	l lost		UNDER I YEAR anths Days	Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper Woodward & Lo		foreign country)		12. CITIZEN O	F WHAT COUNTRY?
13.	AURILA H. J. LARSEN	14. MOTHER'S MAIDEN NA	ME	1581	7777	
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	NFORMANT CHAR	1	Address		
7	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last. (c) Linesalzyck arterio	L' kidne oclesoris à ac	re hen	work.	ullifly	RVAL BETWEEN ET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT				IN PART 1(0) 11	PERFORMED?
L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREI (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Po	rt I or Part II of it	em 18.)		
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(State)
	alive an 4/13, and that death	M.D	//)	causes and	an the dat	4/14/59
	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (C		ounty) OWA	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	Y.W. DO DATE	R 16 59	24b. REGISTRA	AR'S SIGNATUR	

TO FUNERAL DIRECTOR PAGE 3 should be at the registrar prior to

	ATE DE DEATH		<u>*</u>	
		marries of the same		
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-	-	45 3	1		/	
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20		0 6	•			

EPUTY MEDICALEXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessal execute the certify—writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral directional properties of the formation o

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¥5.	Al	5ME	
51	A 2.	/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4550 Reg. Dist. No.

), PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	/here deced	sed fived. If institu	tion: Residence	e before od	mission)
FIGH OF OTHER A	MARYLAND	Maryland Monog.					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest lown)	STAY IN 16	c. CITY OR TOWN (IF	outside cor	parate limits, write	RURAL and gi	ve nearest 1	lown)
Bethesda DOA		X Chevy Ch	ase				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	oddress)	d. STREET ADDRESS				e. IS	RESIDENCE
Suburban Hosp		8913 Kensi	ngron	Parkway			NO 🔀
3. NAME OF First Midd DECEASED	ldle	Lost	4. DATE OF	Month		Doy	Year
(Type or print) Ngok-oy Hom Lee			DEATH		21, 1	-	19
5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MA	ARRIED B.	DATE OF BIRTH		9. AGE (In years foot birthday)	IFUNDER TY	-	and the same of
Temate Offerioat	RCED 🔲	11/1/189	_	62 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	SS OR INDUSTR	Y 11. BIRTHPLACE (State	ar fareign	country)	12. CITIZEI	N OF WHA	T COUNTRY?
housewife		China			Ch	ina	r
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Unknown		Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO 17 IN		7.520	1 at Cull.			
[Yes, no, or unknown] (If yes, give war or dates of service)	200			1st. Som	•		
		Allen Wong	Wash	ington, I).C.		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c	(c).}					INTERVAL BETT	WEEN!
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Asphyxia						Found	
974X DUE TO						hangi	ng by
Conditions, if ony, which) (b) Hanging							in bed
gave rise to immediate couse						room	
(a), stating the underlying DUE TO						T ()Out	
/ (0)	DEATH BUT NO	OT DELATED TO THE TERM	NIAI DICEAS	E COMPLIANT CIV	(EAL IN) BART V		ALLEGRAN
E STATE STATE STATE OF THE STAT	DEATH BOTTE	ST KEEKIED TO THE TERMI	NAL DISLA:	E CONDITION GIV	EN IN PARI I	PERF	ORMED?
<u> </u>						YES 🗌	NO 🔯
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	OCCURRED. (En	ter nature of injury in Part	f or Port II	of item 18.)			
	by nec	k in brd roc	m of	her home			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREN	ED 20e. PLACI	OF INJURY (Home, form	20f. (Cit	y or town)	(County	1)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work of work		y, street, office bldg., etc.					
21. I certify that I took charge of the remains descr		e held an Autons		nspection []	Inquiry		nd in my
				THE PERSON NAMED IN COLUMN 1		handa.	no m my
opinian death resulted from: Natural causes [], A	Accident [_	I, Suicide [X], r	nomiciae	, Undere	rmined ma	nner	
ACTUAL A. 10 B 1						DATE	SIGNED
SIGNATURE Track J. Dittela	il	M.D. CHIEF MEDICAL EX	AMINER [3,0,,,,
EXAMINER'S		ASSISTANT MEDICA	AL EXAMINI	R Apr	ril 21.	1959	
NAME (Type) Frank J. Broschart		DEPUTY MEDICAL E	XAMINER-	ם ב			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CI	CEMETERY OR C	REMATORY	22d. LOCA	TION (City, town, o	or county)	(Sto	ote)
The state of the s	e wash	ington Par		Hyatts			•
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2	240. REC'T	BY REGIST		TRAR'S SIGNA		
1. Widees Wall 1	1.0	DATESPE	23'5	9 01	hu7 & 15.	ale A	
J J J J J J J J J J J J J J J J J J J				1 000.	1 4, 10		

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			HI INVINCTOR	1.000
	1910 -112			
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle DATE Month Yeor DECEASED (Type or print) DEATH 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME Long 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute alcoholism IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES 🔀 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc. Hour Not while While o. m of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection ... Inquiry . and in my opinion deoth resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** half DEPUTY MEDICAL EXAMINER TX NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Cily, town, or county) Arlington, Va. 220. BURIAL CREMATION, 22b. (State) Arlington National., 23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR Survelle Rockville, Md.

24b. REGISTRAR'S SIGNATURE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the certify. Writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

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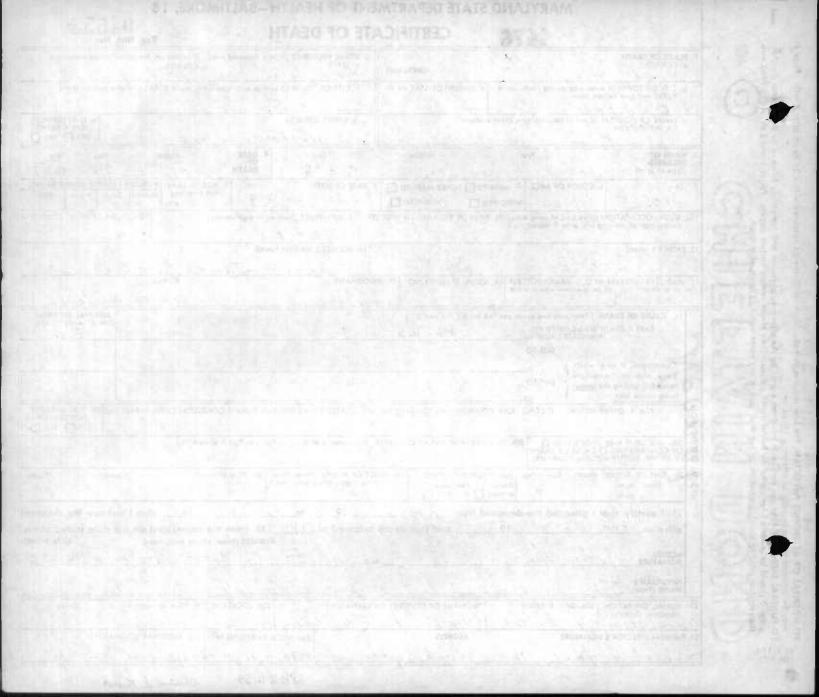
MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

4576 MEDICAL EXAMINER'S CERTIFICATE	OF DEATH	Reg. 04552

1. PLACE OF DEATH 6. COUNTY MONTGOMERY	MARYLAND		NCE (Where decea	sed lived. If institu b. COUNT				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA c. LENGTH OF 2 yr:			OWN (If outside con ETHESDA	porote limits, write	RURAL and give n	neorest fown)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street of 5037 BRADLEY BOULEVARD	oddress)	d. STREET ADDRESS 5037 BRADLEY BOULEVARD 9. 15 0 YES						
3. NAME OF First Midd DECEASED (Type or print) ANNA L		ELESS	4. DATE OF DEATH	Month APRIL	h Doy	Year 19 59		
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA FEMALE WHITE WIDOWED DIVOR		DATE OF BIRTH	897	9. AGE (In years fost birthday) 61 yrs.	Months Days			
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER OWN HOI		Y 11. BIRTHPLACE				F WHAT COUNTRY		
13. FATHER'S NAME ERNEST B. FOSTER		14. MOTHER'S MA			da M			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, et withnown If yes, give wor or dates of service) 577=34-8838		Charles	F. Lovel	*	7 Bradley			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CORO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I		OT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED?		
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DECAME OF DEATH. 20b. DESCRIBE HOW INJURY OF CONTRIBUTING DECAME OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work Decame of the remains described by the control of the description of the desc	D 20e. PLACE factor	E OF INJURY (Homy, street, office blo	ne, form, 20f. (City	or town)	(County)	(State)		
opinion deoth resulted from: Noturol causes . A ACTUAL SIGNATURE EXAMINER'S NAME (Typo) FRANK J. BROSCHART	Accident [, Suicide [M.D. CHIEF MEDI ASSISTANT	_	R []	rmined manne			
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 226. DATE THEREOF 226. NAME OF CE 4/14/59 GLENWOOD		REMATORY	22d. LOCA	NGTON, D.		(State)		
23-JUNEAN DIRECTOR'S SIGNATURE Y INC. SILVER S	SPRING,		APR 1 3 59	RAR 246 REGIS	STRAR'S SIGNATUR	E .		

	ENDING CARE		
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		CERTIFICATE OF DEATH Reg. Dist. No.
all of the state o	1.	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND MARYLAND MARYLAND MARYLAND
‡C		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) TAKOMA PAKK, C. LENGTH OF STAY IN 1b C. LITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) S. /U-RR Spring 56
o45 075	7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR Shington Santagium & Hospital 612 Northampton DR. On A FARM? YES \[\text{NO} \text{NO} \]
s s s s s s s s s s s s s s s s s s s		NAME OF DECRASED (Type or print) David Kenneth MAIN Doy Year APRIL 26 1959
	L	SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE WIDOWED DIVORCED APT 23 1959 9. AGE (In years lost birthday) Wind birthday) Yrs. Months Doys Hours Min.
death	L	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
72 hours after		Charles MAIN MARTLA JANE Becker
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. or unknown) NO Address SAME Address SAME Address
event within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PROMITED TO INTERVAL BETWEEN ONSET AND DEATH 3 d
and in any	NO	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
0	CERTIFICATION	PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ematian,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 While at wark at wa
la burial, cr		21. I certify that I attended the deceased fram. Apr 23, 1959, to Apr 26, 1959, that I last saw the deceased alive an Apr 26, 1959, and that death accurred at 310 p. M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
prior		PHYSICIAN'S Tobal LAWRENCE AVERY M.D. 10110 Greeners Ave. Silver Spring Md 4/20 NAME (Type) John LAWRENCE AVERY, M.D. 10110 GREENERS AVE. Silver Spring Md 4/20
the registrar pr	C	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)
9 0	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240. REGISTRAR'S SIGNATURE / 240. R
By		2075222 XVI APR 28'59 arily & thous



FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certification writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be forwer, 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 FUNERAL DIRECTOR: Page 3 should be used as burial Nansit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, premoved, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 54

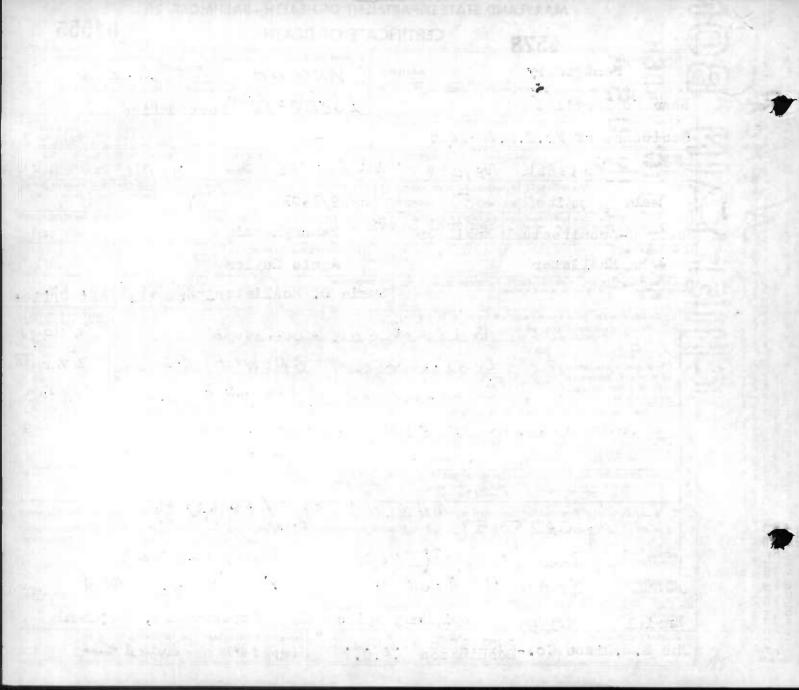
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Monty MARYLAND	o. STATE mel b. COUNTY monte
-	b. CITY OR TOWN (If outsign corporate limits, write RURAL ond give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
-	d. NAME OF HOSPITAL R INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS le. 15 RESIDENCE
	monty. co. year Hosp	ON A FARM? YES NO NO
	NAME OF DECEASED (Type or print) Aulina L. Math	Lost 4. DATE Month Day Year OF DEATH And G 1959
5. 3	SEX 6. FOLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DI	8. DATE OF BIRTH 9. AGE (In yyors left UNDER TYEAR IF UNDER 24 HRS. 4-29-1919 9. AGE (In yyors left UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
	during most of working life, even if retired)	md M-SC.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Walter markews	Busic Newman
15. (Yu)	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) [If yes, give wor or doles of service)	INFORMANT Address
==	1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	muse Hashewe (wys) ofthe I
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shraces & as	odomine herratage
	8/GX DUE TO	1/31
	Conditions, if any, which) (b) Crushed the	It abdomen 2hr
	gave rise to immediate cause	X 1 Zarasman
	(a), staling the underlying DUE TO	1 1
	couse last. (c) livels accu	aus .
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (CAUSE OF DEATH.)	Enter nature of injury in Port I or Port II of item 18.)
MEDICAL		ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
MED	Susp. m. 4/9 1955 of work Not while of work	tory treet, office bldg., etc.) Colearlle Mente mel
	21. I certify that I took charge of the remains described obo	ove, Keld on Autopsy . Inspection . Inquiry , ond in my
	opinion death resulted from: Natural causes , Accident	Suicide , Homicide , Undetermined monner
	SIGNATURE Trank J. Broschart	M,D. CHIEF MEDICAL EXAMINER []
	1=	ASSISTANT MEDICAL EXAMINER
	NAME (Type) FLANK T. Broscham	DEPUTY MEDICAL EXAMINER DA 4-9-37
220	RELIGIAL CREMATION, 226 DATE THEREOF ASh Momorial	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Theit L. Susudle - Rockville, M	d. DATE APR 1 5 '59 Thomas & Kraus
Residence.		

24 385 AIGAT LIPLS 对关管理系统的 经基础的 经基础的 经工程 的现在分词 医神经炎 . Latherna de L

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VS A15 (4) 15M 9/58



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After this certificate has been signed by the ottending physician and campletely filled in by the the food for use as the burial-transferger of the please remove corban papers. Pages 1 and 2 should rial, cremation, or removal, and in any event within 72 hours ofter death.

the registror prior to burial, crematian, or removal,

page 3 should be dea may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

oth: Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4477

CERTIFICATE OF DEATH

Reg. Dist. No.555

1	1. PLACE OF DEATH O. COUNTY MONTONEDIA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE MARY and b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside dorporote limits, wells c. LENGTH OF STAY IN 1b RURAL and give nearest lown). Takoma Park 5 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington San and Hospital	111 Maple Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) IRVING Le ROY /	Mc Cathran DEATH April	6 th 19 59
	Male White WIDOWED DIVORCED	1/26/88 lost birthday) Months I	YEAR IF UNDER 24 HRS. Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A TENT OF WARE 13. FATHER'S NAME	Washington, D.C	U.S.A
	James K. Mc Cathran	ANNIE Belle Harrison	,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Hospital Record	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO Colorary Cause (c)	afficience, carotic heart desience	Unknown
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
ÿ		D. (Enter nature of injury in Port 1 or Port II of item 1B.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, affice bldg., etc.)	ounty) (State)
/	ACTUAL SIGNATURE Claron H. Iraum PHYSICIAN'S NAME (Type) Aaron H. Traum	accurred at Cittle M, from the causes and an the ADDRESS (Street, city or town, state) M.D. 8237 Georgia are - Bilou Arrive M	e date stated abave. DATE SIGNED AND GRAPH TO THE
0	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	22d. JOEATION (City, town, or county) 2dd. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	(State)
K	Shuest & Hartur Gosthers	Berry DATE APR 9 '59 Orthur 8	

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VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	4574	2	CERTIFIC	ATI	E OF DE	ATH			Reg. Dis	it. No		
1. PLACE OF DEATH a. COUNTY Montgomery	7		MARYLAND	11	USUAL RESIDENCE G. STATE Georgia		ere decease	d lived. If institution b. COUNTY	an: Residence	te befa	re odmis	sian)
b. CITY OR TOWN (IF	autside carporate lim	its, write	c. LENGTH OF STAY IN 16	,			tside carpo	rate limits, write R	URAL and g	jive ne	arest taw	n)
RURAL and give ned	irest tawn)		10 days		Columbi			49	7 x = 2	3		
d. NAME OF HOSPITA	L (If not in hospital,	give street			d. STREET ADDR						e. IS RES	SIDENCE
OR INSTITUTION The Clini	cal Center	Betl	nesda 14, Md.		602 E,	Cha	se Ap	artments			ON A	FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE	Man	th	Do	у	Year
(Type ar print)	Rodr	lev	Parnell		McDevit	t	OF DEATH	Ap	ril		1.	1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D/	ATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER	1 YEAR		
Male	White	WIDOW			rch 14,	195	7	last birthday) 2 yrs.	Manths	Doys	Haurs	Min.
Oa. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INC					-	12. CITI	ZEN C	F WHAT	COUNTRY
during mast at warking	ng life, even if retired	d)	NOW THE PARTY OF									
Child 3. FATHER'S NAME			None	114	Geor		AAAE			u	.S.A	•
							7 - 6					
Robert Mcl							Griff		1			
S. WAS DECEASED EVER	IN U. S. ARMED FOI yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17.					ecord Addr				
No			None	The	Clinica	al C	enter	, Bethes	da 14	, M	aryl	and
18. CAUSE OF DEAT	H [Enter only one co	ause per li	ne far (a), (b), and (c).]								ERVAL BE	
PART I. DEAT	H WAS CAUSED BY:	Car	diac arrest i	n in	mediate	nos	t one	rative n	eriod	ONS	SET AND	DEATH
MEINA			arao arrese r	** ***	Ellougado	Poo	, o ope	у под то		+-		
124,00	DUE TO	0			laulan a		7 4 4		fal			
Conditions, if an	y, which) (t	GOT	rection of ve	ner	icular s	epu	ir dei	ecc, acr	TST			
gave rise to im cause (o), stating th	mediate DUE TO	sep	tal defect &	puli	nonic in	func	dibula	ar stenos	18			
lying cause last.) (c)										
PART II. OTHE	ER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DEATH B	TON TU	RELATED TO THE	TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	PERFC	AUTOPSY ORMED?
20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter nature of inju	ury in P	art I ar Pari	I II of item 18.}				
		1	las				1					
20c. TIME OF INJURY Haur a. m.	Month, Day, Ye	while	NJURY OCCURRED 20e. Not while	factory,	OF INJURY (Home street, affice bld	e, farm, la., etc.)	20f. (City	or tawn)	(C	ounty)		(State)
p. m.	19		k at wark									
21 I certify the	t Lattended the	decens	ed from March 2	2.	10 59 1	- A	pril	1. 1059	46-4-1-1			d
alive on Apr	ril 1,	30	59		7	.1.5	A		_,indi i i	G\$1 50	ow the	aecease
dive on		, 17-	9, and that dea	th occ	curred atL	142	M, fron	n the causes a	ind on th	ie da	te state	ed abav
ACTUAL 4/	1		anno.					reet, city or town,			1. /	ATE SIGNE
SIGNATURE	renym	an	Coccens	_M.D.				al Cente			4/	1/59
PHYSICIAN'S NAME (Type)	. Perryman	n Col	lins, M. D.					nstitute 4. Maryl		Hea	lth	
22a. BURIAL, CREMATION	. 22b. DATE THERE	OF	22c. NAME OF CEMETERY	OR CR								
REMOVAL (Specify)	14/4/	59	TAME OF CEMETER	OR CRI	EMATORY		ZZG. LOCA	COLUM	b () 3	3,	(Stat	2 9
3. FUNERAL DIRECTOR'S		Co	14 ADDRESS LA LI	N' S7	NW 240	. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATU	RE	
14.14, 626	amber		MA 3	h .,	A C . DA	TE ADI	23 15	0 0	11 - 0	4	4	

DATE APR 3

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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L.	22.0	keg. Ulsi. 140.
1.	PLACE OF DEATH O. COUNTY MONT GOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) fown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washing for Jan Karium + Hospi	d. STREET ADDRESS ON A FARM? YES NO NO NO NO NO ON OF THE STREET NO NO NO NO NO NO NO NO
3.	NAME OF First Middle DECEASED (Type or print) ATTHUM + NOSA)	Lost 4. DATE Month Day Year OF DEATH 4 15 1959
5.		B. DATE OF BIRTH 12 - 15 - 1900 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the Indian In
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber BARBER	STRY 11. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY?
13	Bryant H. Meacomes	Victoria Eatnon.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (If yes, give wor or dates of service) 214-03-8473	ACCO S 8000 Plypouth St. Silver Large
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HROMBOSIS INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)	
	gave rise to immediate cause (o), stating the <u>under-lying cause last.</u> DUE TO (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO (4)
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Charge	accurred at 10 M. from the causes and on the date stated above.
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ATE SIGNED 4/15/59
	PHYSICIAN'S NAME (Type) L. B. SNOW	LANGLEY PARK, MD.
22	9. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 4/18/59 PARKLAWN CEM	R CREMATORY 22d. LOCATION (City, town, or county) (State) ETERY MONTGOMERY COUNTY, MD.
23	EUNERAL DIRECTOR'S SIGNATURE Y INC. ADDRESS SILVER SPR	ING, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAPR 2 0 '59 ONTHER STATES

		ARYLAND STATE DEALTHA	
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677.54	LANGERY PA	V Note	A LE ANDROID
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	William Office of the second		

heral director. M may be retained by the hospital or attending physician. TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be 5 ached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 she the registrar prior to burial, cremation, ar remayal, and in any event within 77 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4479

CERTIFICATE OF DEATH

Reg. Dist. No. 59

1.	o. COUNTY MONLAGEMENT	MARYL		o. STATE MAY	here deceased !	lived. If institution b. COUNTY	Residence	before admiss	ion)
1	b. CITY OR TÓWN (If outside carporate limits, write RURAL and give nearest fown) Fack	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN IN	Jakem	te limits, write RL	JRAL ond give	nearest tof	1)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION MYELL COUNTY	et address)	1	d. STREET ADDRESS	bory a	Mour			FARM?
3.	NAME OF DECEASED (Type or print) First	SA Middle		MEYERS	4. BATE OF DEATH	Mon	pr.	/	Yeor 1959
4	Demall White wipon	RRIED NEVER MARRIED		gh 10, 18	75	last birthday) 3 yrs.		YEAR IF UND	Min.
	du USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Homemaker	INDUSTRY	11. BIRTHPLACE (Signer	or foreign cou	ntry)	12. CITIZE	1 . S. G	COUNTRY?
13	FATHER'S NAME Serie		3.0	4. MOTHER'S MAIDEN	MAME	helis			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (It yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17 INFO	and M Mux	u, 74,	10 Meyel		T.P.M.	L
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	9841	tue He	out 1	celler		INTERVAL BE	
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last.	excility'						10 48	ors
CERTIFICATION		CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	PERFC	AUTOPSY PRMED? NO 🗹
		ESCRIBE HOW INJURY OCC	CURRED. (I	Enter noture of injury in	Port I or Part II	l of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Haur a. ji. While p. m. 19 at w		0e. PLACE foctory	OF INJURY (Home, farm , street, affice bldg., etc	n, 20f. (City o	r town)	(Cou	nty)	(State)
	21. I certify that I attended the decedrative on		P-0 leath ac	7/12 Tokoz	ADDRESS (Stre		nd an the		
2.	o. BURIAL CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) Cypul 8/195	9 Mrink Call	BRY OR C	REMATORY EMILLY	22d. LOCATIO	ON (City, town, or	r county)	LIStot	•)
23	FUNERAL DIRECTOR'S'SIGNATURE	Carroll DI	Ken	NC. JATE AP	R 1 7 '59		TRAR'S SIGN.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()456() Reg. Dist. No. 215

1. PLACE OF DEATH 6. COUNTY Montgome:	rv		MARY	LAND	2. USUAL RESIDENCE DISTRICT		1		ence bef	ore odm	ission)
	(Il outside carparate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN			RURAL on	d give n	eorest to	iwn)
Bethesda	1		1 day		Washingto	n		47x-	.3		J
	TAL OR INSTITUTION	If not in hos	pital, give street address)	d. STREET ADDRESS						RESIDENCE
U. S. Nar	val Hospital	L			5017 Sher	riff Ros	ad. N.E.				A FARM?
3. NAME OF	Fir	st	Middle		Lost	4. DATE	Mont	h	Day	1	Yeor
(Type or print)	Antho	onv	Xavier		MILLER	OF DEATH	Apri	1	6	1	1959
5. SEX		process Conservation	D NEVER MARRIED	8. 8	PATE OF BIRTH		9. AGE Iln years	IFUNDER			DER 24 HRS
Male	Negro	WIDOWED	DIVORCED [9-24-34		lost biglinday) 24 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (St	ote or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTR
Civil Se	ing life, even if retired) rvie	U.	S. Govt.		Washingt	ton, D.	C.	U.	S.A.		
13. FATHER'S NAME				T	14. MOTHER'S MAIDER	N NAME					
Edward M	ILLER				Lillian E	BASKERV	TLUE				
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT	MINITED !	Address				
Yes	Unknown		Unknown	Ho	spital Rec	ohrae					
	ediate couse	Ce	rebral eden	ain					ONSE	14½	hrs
couse fost.	(c)	Ai	rplane cras	sh							
PART 11, OT	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PAI	' '		AUTOPSY DRMED? NO
200. EXTERNAL CAPRIMARY EXOC CAUSE OF DEATH 20c. TIME OF INJUNE 11:30 XEXTERNAL CAPRIMARY EXOC CAUSE OF DEATH 20c. TIME OF INJUNE 11:30 XEXTERNAL CAPRIMARY EXOC CAUSE OF DEATH 20c. TIME OF INJUNE 11:30 XEXTERNAL CAPRIMARY EXOC CAUSE OF DEATH 20c. TIME OF INJUNE 20c. TIME OF	URY Month, Doy, Yes	crewme	mber in air NJURY OCCURRED 20 NOT While of Work N	plan	OF INJURY (Home, for, street, office bldg.,	erm. 20f. (City	and burnt	(Co	unty)		(Stote)
	that I took charge	af the r	emains described	obov	e, held on Auto	psy 🔀, I	nspection [, Inqui	ry 🔲		id in my
opinion deom	resulted from:	Natural c	auses [], Accia	ieni bc	, Suicide,	Homicide	Under	ermined	manne	r L	
ACTUAL SIGNATURE_	Frank go	Bri	rehart		M.D. CHIEF MEDICAL	-				DATE S	SIGNED
EXAMINER'S NAME (Type)	Frank J.				DEPUTY MEDICA		_		4=	7-59	
220. BURIAL, CREMATI REMOVAL (Specifi Burial	10N. 22b. DATE THEREO		22c. NAME OF CEMETE		rematory onal Cemet		TION (City, town,	or county)	V-	(Stot	
23. FUNERA DIRECTO	C'S SIGNATURE	1 1 1	ADDRESS VIIIe, Md.	Roci	240. RI	EC'D BY REGIST	TRAR 24b. REG	STRAR'S SI	GNATUR	-	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certification writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a perfect transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to barial, cremoting or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

MARYLAND STATE DEPAREMENT OF HEALTH - SALUMOLE, I

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Reg. Dist No.561 CERTIFICATE OF DEATH 4480 with 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) 1. PLACE OF DEATH o. COUNTY filed o. STATE b. COUNTY Pleval MARYLAND b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF Middle DATE Year Day DECEASED OF DEATH (Type or print) 19 9. AGE (In ears IF UNDER 1 YEAR IF UNDER 24 HRS 6.-COLOR ON RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Days Months Hours Min. WIDOWED T DIVORCED T YES 10d USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSUAESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. ANFORMANT 16. SOCIAL SECURITY NO. Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which any gave rise to immediate **DUE TO** cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.0 19. WAS AUTOPSY PERFORMED? YES NO Y 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day: Year (County) (State) foctory, street, office bldg., etc.) Hour a. m. Not while While of work of work p. m. 21. I certify that I attended the deceased from 1925, that I last saw the deceased and that death occurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL pe 3 shauld may be retain PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY VS A15 (4) arthur S. Kraus 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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D FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the gral director, page 3 should be deadthed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4581

04562 Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY MONT	GOMERY		MARYL	1 Car 1	2. USUAL RESIDEN a. STATE MARYT		re deceased	d lived. If institut b. COUNTY		lence befa		sian)
	b. CITY OR TOWN (II	outside carporate limi	ts, write	c. LENGTH OF STAY I	N 1b			tside corpo	rate limits, write I				n)
	RURAL and give ne BETHE			2 days	1	56 SILVE	R SP	RING					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g				d. STREET ADD	RESS		·q·		Lal		FARM?
1		AN HOSPITA				′ 219 BA	7) NO 🔀
3.	DECEASED	OHN McKNIG		Middle LLLER		Last		4. DATE OF DEATH	APRIL		Da	,	Year 1959
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D B.	DATE OF BIRTH			9. AGE (In years last birthday)		ER 1 YEAR		-
M	IALE	WHITE	WIDOW	ED DIVORCED	1 0	NOV. 27,	1912		46 yrs.	Months	Days	Haurs	Min.
L	EXECUTIVE	ing life, even if retired		KIND OF BUSINESS OF		ASS'N. V	IRGI	NIA	auntry)	12. (S. A	COUNTRY
13	, FATHER'S NAME					14. MOTHER'S MA							
_		ILLER				IONA E	SRADI	NG					
15	(es. no. or unknown)	If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT				Iress			
	YES	WW #2			ME	RS. MARIA	IN S.	MILL	ER,219 E	ADEN	ST.	,SIL	VER S
CERTIFICATION		the under- DUE TO (c) ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	on	- Guly	, /	195	3	VEN IN PA	ART 1(a) 1	PERFO	AUTOPSY PRMED?
MEDICAL CE		MEDICAL EXAMINER) Y Manth, Day, Ye	While		20e. PLAC facta	E OF INJURY (Harry, street, affice bl	me, farm, ldg., etc.)	20f. (City	or tawn)		(Caunty)		(State)
	ACTUAL SIGNATURE	of I ottended the 23 Menistration Menistrat	19.	and that		1948, peccurred of 4	Á	DDRESS (Si	n the causes of treet, city or town,	ond an		te stat	decease ed obov ATE SIGNE
	Pa. BURIAL, CREMATION REMOVAL (Specify) BURIAL	APRIL 27	,195	22c. NAME OF CEME			EMETE		TION (City, town,	-		(Sla	e)
23	FUNERAL DIRECTOR	Andrew Property and the second	NC.	ADDRESS SILVER S	PRINC			BY REGIST 2 7 '59			SIGNATUI		

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FOR STATE HEALTH DEPT.

PLACE OF DEATH

b. CITY OR TOWN IN

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for any files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State permit or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

		ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH Reg. Dist. No. 63
ntromery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Monta
outside proporate limits, write RURA	c. LENGTH OF STAY IN 16 6 Weeks	c. CITY OR TOWN (If autside corporate limits, write RURAL and give hourest town) 56 Dilver Sprenn
3 1 .	in hospital, give street oddress)	d. STREET ADDRESS 23 11 Denny and YES NO
Sharon	Jane Mi	Last 4. DATE Manth Doy Year OF DEATH Of 30 195
6. COLOR OR RACE 7.		DATE OF BIRTH 9. AGE (In year) 1 IF UNDER 1YEAR IF UNDER 24 H Months Days Haurs Min. 7 1 14
ON (Give kind of work done gilife, even if retired)		RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT Maryland 41-5 C
		14. MOTHER'S MAINEN NAME

1		Silver shim	6 weeks	56 Dily	T. 1	pr_		
	d	NAME OF HOSPITAL OR INSTITUTION (V no	it in hospital, give street oddress)	d. STREET ADDRESS	0	1		RESIDENCE I A FARM?
	-	2311 Dumes	aus	231	1 Des	me "		NO
	- (NAME OF DECEASED Type or print) Sharon	Gane Middle	Lost	4. DATE OF DEATH	Month	Doy 3 ()	Yeor 19 5 4
	5. S	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AG	hirthdau M		DER 24 HRS.
		1-00-100	IDOWED DIVORCED	3-16-19.	59	yrs. Mon	hs Doys Haurs	Min.
	10a.	. USIVAL OCCUPATION (Give kind of work done luring most of working life, even if retired)		Y 11. BIRTHPLACE (State	or Toreign country)	12.	CITIZEN OF WHAT	
	13	Infant—	none	Maryl	and		21-5 a	-
	13.	Melana E. Million		14. MOTHER'S MAINEN N	IAME V			
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16, SOCIAL SECURITY NO. 17, IN	FORMANT 7	mone	Address		
	[Yes,	, no, or unknown) (If yes, give wor or dotes of service	(a) m.	elinia mille	a (hathe	4	De -	2
		18. CAUSE OF DEATH [Enter only one cause p	per line far (o), (b), and (c).	COM MOC	1		INTERVAL BETV	YEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	asflycia				ONSET AND DE	EATH
		475× DUE TO	0/0/				-7:	el d'
		Conditions, if any, which) (b)	argusation 1	stonach	conter	ta	-	X
		gave rise to immediate cause (a), stating the underlying DUE TO	0.11. 0.00	9.1.5				~
	7	PART II. OTHER SIGNIFICANT CONDITION	ONE CONTRIBUTING TO DEAT BUT AN	OT BELATED TO THE TERM	NA DISEASE CON	DITION OF COLUMN		
	CERTIFICATION	PAKT II, OTHER SIGNIFICANT CONDITION	SIN CONTRIBUTION TO SEATO BUT NO	OF RELATED TO THE TERMI	NAT DISEASE CON	DITION GIVEN IN		DRMED?
		20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Part	I ar Part II of iten	n 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o. m. p. m. 19	20d. INJURY OCCURRED 20e. PLACE While Not while of work of work	E OF INJURY (Home, form y, street, affice bldg., etc.)	20f. (City or tow	vn)	(County)	(Stote)
	ñ	21. I certify that I taak charge of	the remains described obov	e, held an Autopsy	, Inspec	tion 🔂 Inc	quiry (X), a	nd in my
		opinian death resulted from: Nat	ural causes . Accident .], Suicide [], H	łamicide [],	Undetermine	ed manner	
		ACTUAL SIGNATURE Frank J.	Bysechart	M.D. CHIEF MEDICAL EX	AMINER []		DATE	SIGNED
		EXAMINER'S FAARK	J. Broschent	ASSISTANT MEDICAL E		4-3	30-59	
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, town, or cour	nty) (Sto	te)
	-	SURIAL 5/2/59	PARKLAWN CEMET			ERY COUNT	Y, MD.	
		FUNERAL DIRECTOR'S SIGNATURE ARNER E. PUMPHREY, INC	C. SILVER SPRING	2 MD	BY REGISTRAR	24b. REGISTRAR'S	S. Kraus	
	-	Raymond U. ziska		DATEMA	Y 1 /59	Cistina	s. Thank	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MONTGOUERY MONTGONLRY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 94 ears SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? HENDERSON AVENUE HENDERSON AVENUE YES NO TO NAME OF Year DECEASED DEATH (Type or print) DANID 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months MALE WIDOWED 17 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S. BRICK SRICK CONTIFACTOR 13. FATHER'S NAME FOWARD MILLER. unknown TAMBERT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME AS ASONE MRS. LUCY CALLAWAY 10 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 4-D ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA 220100NBHS DUE TO CEREBRAL THROMBOSIS 2 MINITES Conditions, if any, which gave rise to immediate DUE TO catse (a), stating the under-ATHEROSCLEROSIS lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? URINARY TRACT JOFIC 110N YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work at wark 21. I certify that I attended the deceased from 1964, 1958, to AFF16 4 1957, that I last saw the deceased 1959 and that deoth occurred at 112 AM, from the causes and on the dote stated above. ADDRESS (Street, city or town, state) ACTUAL MD. 8907 GEORGIA AVENUE 3 shauld PHYSICIAN'S SILVER SPRING, MARYLAND. ROBERTS AMES NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) pode REMOVAL (Specify) 4/17/59 MT. OLIVET CEMETERY FREDERICK. MARYLAND BURTAT. 01 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR SILVER SPRING, MD. DATE 1 7 '59 arthur S. Knued

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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LEANNING STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 65

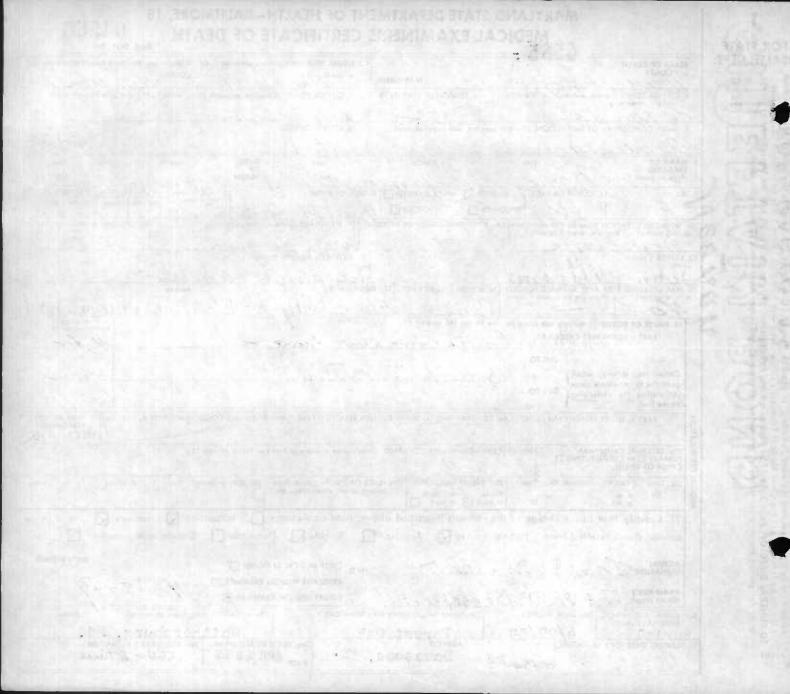
o. COUNTY	a. STATE b. COUNTY 4
Montgomery MARYLAND	me monty
b. CITY OR TOWN (If outside comporate limits, write AJRAL ond give nearlest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Whiston 142	X Waston
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	A. STREET ADDRESS o. 15 RESIDENCE
1252 a Mr. 200 A.	ON A FARM?
3. NAME OF A First Middle	135-29 Trenoble Un YES NO D
3. NAME OF DECEASED (Type or print) Please a Middle	Last 4. DATE Month Day Year OF DEATH CAM 4 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH P. AGE (In year IF UNDER LYEAR IF UNDER 24 HES.
He WIDOWED DIVORCED	10-2-1909 lost birthdoy) Months Days Hours Min.
100. US AL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR INDUST during most of warking life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Typet n. s. you.	N-4. 21. Sa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hymne 1. 1	Bertha Straiss
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. #	NFORMANT Address
(If yes, give war or dates of service)	
	Konon A. Mills - Shu 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	erlusion sudden
420, DUE TO 0	
Conditions. if ony. which) (b) hyperlecture	13 920
gave rise to immediate cause (a), stating the underlying DUE TO	
couse last.	
PARTLY, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Disabet Milliam	PERFORMED?
	12 gre YES NO NO
CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Hame, farm, 120f. (City or town) (County) (State)
Hour a.m. White Not white tocks p. m. 19 of work of work	pry, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abo	ve held an Autonsy D. Inspection 2. Inquiry 2. and in
opinian death resulted from: Notural causes . Accident	
ACTUAL I . A B	DATE SIGNED
SIGNATURE Trank J. / Drowthank	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S TO A SOLUTION OF THE SOLUTION OF TH	ASSISTANT MEDICAL, EXAMINER
NAME (Type) FAANK J. Broschart	DEPUTY MEDICAL EXAMINER DX 4-4-59
220. BURIAL, CREMATION, 226. DATE THEREOF 122c. NAME OF CEMETERY OR-	CREMATORY 22d, LOCATION (City, lown, or county) (State)
Burial (Specify) April 6,1959 King David Mem	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
B. Danzansky & Sons-3501 14th St., N.W.	0475 mm = == 0 0 11 - 0 46 .
	DATE APR 7 159 arthur S. Thaus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary, please execute the certification within 5 to the funeral direction of the form of the funeral direction of the form of the form of the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, of removel, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 A DESCRIPTION OF THE SERVICE.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04568
FOR STATE		4585	Reg. Dist. No.
HEALTH DEPT.		ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If insti	
Poge iiles.	1	COUNTY MARYLAND O. STATE MARYLAND b. COUN	Montgomery
H H	6. 0	TY OR TOWN III outside corporate mits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give needs at lown)	te RURAL and give nearest low
20 20 388	1	otherda DOD Kanthersburg	
ord ord	d. 1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
099 099	ó	Puburban Kt. 1	YES NO
toin stote	3. NA	LOST First Middle Lost 4. DATE Mor	onth Day Yeor
0 0 0 0 0		pe or print) DOSa Virginia MitchelloEATH Apr	11 25 1959
aft a	5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	
E M 3		F WIDOWED DIVORCED April 19 1403 56 yrs	s. Months Days Hours Min.
2 h	10a. Ú	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ing most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		rousewife West Virginia	16.5
1) 4 . 8 . 3 . 9 . 9 . 9 . 9 . 9 . 9 . 9 . 9 . 9	13. FA	THER'S NAME 14. MOTHER'S MAIDEN NAME	7
Poges Poges Poges	2	ohn Welliams dosephine Lambe	ext
File	15. W	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre	333
E E	1	Vo - None Alice Dolly Kt. 1 (pait)	hers bury, md
E O F E E	18	B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
a pour		PART I. DEATH WAS CAUSED BY: Wester Corners heart failure	1/2 En.
2 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		241X DUETO	
e el-tra		Conditions, If ony, which) (b) Bronchad arthurs	years
or r		a), stating the underlying DUE TO	
a a a a a a a a a a a a a a a a a a a		ouse last, (c)	IV.
d ding ding ding ding ding	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
red and			YES NO
d di	02 P	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
o Portion	101-	AUSE OF DEATH.	
Short Short	MEDICAL	Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bidg., etc.)	(County) (Stote)
o de	A.E.	p. m. 19 of work of work	
Poor	2	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, 🛮 Inspection 🖫	, Inquiry , and in my
en Se	0	pinion deoth resulted from: Noturol causes 🔀, Accident 🗌, Suicide 🔲, Homicide 🔲, Unde	etermined manner
4 5 6		Q Q	DATE SIGNED
die die	S	ACTUAL Trank Derkart M.D. CHIEF MEDICAL EXAMINER []	DATE STOTES
Al be		EXAMINER'S ASSISTANT MEDICAL EXAMINER	1-25-59
S P P P P P P P P P P P P P P P P P P P	1	NAME (Type) F TANK J. / DECK DEF DEPUTY MEDICAL EXAMINER OF	
To Secure	22o. E	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town	n, or county) (State)
2 2 2 5	Bu	rial 4/28/59 Forest Oak Gaither	
S. ATSME	23. FL	Demagnia Md. APR 2 8'59	GISTRAR'S SIGNATURE CITCHIA
5M 2/57	6	Clin & Micheseulle Damasous, DATE MILLS DATE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Mille The com The meters ence to and to week ; will, 8423 1/1401/14 8423 Home Cafe Const William Memor year 4 54 Jenesia miste and some govern-9-1873 85 11 -parinte, 4, 6, 1, 3,7. Lower ful porce at home. Cottenine E 9 week Charles "of some Rose of the Mill By Co. Commission was Eineman of lings SATELLE E- E Wellism & Hiller 9- British Willer WINKIAM CIMINER SuiTuences Ale Constitution of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04568 458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY O. STATE MARYLAND b. CITY OR TOWN (If outside co c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give reporest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE AL STREET ADDRESS ON A FARM? YES NO @ retained NAME OF Middle DATE Month Yeor DECEASED (Type or print) DEATH 1959 5. SEX COLOR OF RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE IF UNDER TYEAR! IF UNDER 24 HRS. years Months Days Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemanager 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME ma/Grow File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: metele IMMEDIATE CAUSE (o) . DUF TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Z 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. and in my opinion death resulted from: Natural causes K, Accident , Suicide , Homicide , Undetermined manner FORW ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE should be ASSISTANT MEDICAL EXAMINER EXAMINER'S Broschant DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 122b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) ŏ 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 59 246. REGISTRAR'S SIGNATURE Cirting S. Fraus VS. A15ME DATE 5M 2/57 0

SESSMINICAL EXAMINATES CHILICOMIE OF DEATH THE REPORT OF THE PARTY OF THE PARTY.

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4588 CERTIFICATE OF DEATH

	,		keg. Di	51. 140.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where do . SJATE A La bama	eceased lived. If institution: Residen b. COUNTY	nce before admission)
 CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
Bethesda	15 days	Winfield	40 X	3
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clinical Center,	Bethesda 14, Md.	Route #3		YES NO DE
3. NAME OF First DECEASED (Type or print) Woodrow	Middle Anson		PATE Month DF DEATH April	Day Year 13, 159
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
Male White WID	OWED DIVORCED	November 21, 19	12 lost birthdoy) Months Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or for	eign country) 12. CIT	IZEN OF WHAT COUNTRY
Miner	Coal Mining	Alabama.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Woodward Moore		Sarah Este		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown)	16. SOCIAL SECURITY NO. 17. II	NFORMANT The Medica	il Record Address	
No	424-26-1222	The Clinical Cer	ter, Bethesda 14	, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO DUE TO (c)	entricular fil experative sur feet and to Tassive thrombo	brillation and carried repair of fall conom sea	rdioc arest atual septal	onset and death 4 days Months
PART II. OTHER SIGNIFICANT CONDITION LICENST WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	disease	NOT RELATED TO THE TERMINAL I		T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I	or Part II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED 20e. PL/ /hile Not while work 0 ot work 0	ACE OF INJURY (Home, form, 20 tory, street, office bldg., etc.)	f. (City or town) (6	County) (State)
21. I certify that I attended the decadive an April 13, 1 ACTUAL SIGNATURE April D. Block Physician's Robert D. Block Robert Rob	Localuell odwell, M. D.	occurred at 3:35 P.M. ADDR The Cli Nations Betheso	from the couses and an the couses and an the couses (Street, city or town, stote) Inical Center II Institutes of the lall, Maryland	he date stated above DATE SIGNED 4-14-59
220. BURIAL, CREMATION, REMOVAL (Specify) Removal (Specify) L/11/59	22c. NAME OF CEMETERY O	R CREMATORY 22d.	Winfield. Ala	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY		
The S.H. Hines Co23	201, 14th, St., N	AW DATE APR	1 5 '59 arthur :	& Knue

LET THE SHEET HELL PRINTED TO BE THE TO Transfer and promoted from the form 22, cars 3) or local \$2, or 22, or 22, or 22, or 22, or 12, or 1 · Carlo allegate in the state of the Support of about the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4481 CERTIFICATE OF DEATH

04570

									Reg. Dist.	. No.	
1. PLACE OF DEATH g. COUNTY	MONTGOMER	Y	MARYLA	- 11	USUAL RESID o. STATE		ere deceased	l lived. If instituti b. COUNTY			
RURAL and give ne	f outside carporate limits carest town) A PARK	, write	c. LENGTH OF STAY IN Approx 4 hi				SPRIN	rate limits, write R IG	URAL ond giv	re nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, giv WASHINGTO)		oddress) N. & HOSPITA	AL /	d. STREET AC	DRESS B10 B	LOSSOM	LANE		10	RESIDENCE N A FARM? NO (1)
3. NAME OF DECEASED (Type or print)	First HAROL	D	Middle EDGAR		losi REHOUSE	3	4. DATE OF DEATH	Mon APR I		Day 25	Year 19 59
5. SEX MALE	PHILLE	7. MARR	DIVORCED		4/1/85			9. AGE (In years lost birthday) 74 yrs.	Months D	YEAR IF UN	-
	ON (Give kind of work do king life, even if retired) nt (retired)		Coptical Co		VERMO		ar foreign co	ountry)		EN OF WH	AT COUNTRY?
13. FATHER'S NAME CHARLES 1	MOREHOUSE			1.	JENNIE JENNIE						
15. WAS DECEASED EVER	R IN U. S. ARMED FORC (If yes, give wor or dotes of ser	ES? 16. :	SOCIAL SECURITY NO.	Mr.		E. M	orehou	Add ise, 10,8	10 Blo		
	TH [Enter anly one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO		e for (a), (b), and (c).]	sculo	tous	€-6	lla	10 2 6.	er Spi	INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if or gove rise to it cause (a), stoting lying couse lost.	ny, which (b)_mmediate	-a	teis sele					min is an	е.	3 4	juan,
5 000	of surger	L. D	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV		PE	AS AUTOPSY RFORMED?
	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)										
Hour o.m.	19	While of work	Not while of work	factory.	OF INJURY (H , street, office	bldg., etc.)			unty)	(State)
21. I certify the alive on	at I attended the c	decease , 19_3	ed from 195 Sq., and that d	eath oc	curred at_		_M, fram	the causes of reet, city or town,	ind an the	e date st	ated above
PHYSICIAN'S NAME (Type)	LERON	1' PK	ATR					L	1-2:	2 -1	959
270. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 226. DATE THEREOF		COLUMBIA	RY OR CR	EMATORY NS CENT	ETERY		ION (City, town, CINGTON C			itote) GINIA
23. FUNERAL DIRECTOR'	S SIGNATURE PUMPHREY,	INC.	ADDRESS SILVER S	SPRIN	G, MD.	240. REC'I	Razeeus	PAR 24b. REGIS	STRAR'S SIGN	LATURE CLAUS	

heral director, TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, I

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may be retained by the hospital or attending physician. D FUNERAL DIREC.: After this certificate has been signed by the attending physician and campletely filled in by the period director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. 騎

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 71

	4589	CERTIFIC	CATE OF DEAT	TH	Reg. Di	() 4571 st. No.
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (tf institution: Resider c. COUNTY	ce before odmission) Calvert
Silver S	pring		North Be	_	0 47	give nearest town) A A - e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	Mildred	Middle Elizabeth	Morrison	4. DATE OF DEATH	Month April	28, Yeor 59
5. SEX Female	White	MARRIED NEVER MARRIED DOWED DIVORCED	3/17/1903	los	E (In years IF UNDER birthdoy) Months yrs.	Days Hours Min.
House 13. FATHER'S NAME	orking life, even if retired)	106. KIND OF BUSINESS OR INC	Washin	gton. D.	C.	TIZEN OF WHAT COUNTRYS
	VER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17	INFORMANT Theodore Mo		Address	Silver Spring Rd. Md.
	DUE TO ony, which immediate (b)	per line for (o). (b), and (c).] Coronary Thrombo Coronary Insuffi Arteriosclerosis	iciency			interval Between onser and Death instant 2 months
CATO	Obesity, an	ons <u>contributing to death be</u> d Hypertension DESCRIBE HOW INJURY OCCUR				17 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔼
20c. TIME OF INJ	URY Month, Doy, Year :	20d. INJURY OCCURRED 20e. While Not while twork of work	PLACE OF INJURY (Home, for foctory, street, office bldg.,		vn) (County) (State)
21. I certify alive on 4-2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the de 21- Addilla Samuel A. Hil	19.59, and that dea	, 19 59, ta 11: 11: 14: 14: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15	ADDRESS (Street, c	causes ond on t	DATE SIGNED
220. BURIAL, CREMAT REMOVAL (Speci Burial 23. FUNERAL DIRECTO	or's signature	Clenwood ADDRESS	Cemetery 240. R	Washin EC'D BY REGISTRAR	24b. REGISTRAR'S SI	10
The S.	H. Hines Co	. Washington	D.C. DATE	APR 2 9 '59 .	arthur S.	Thank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR

	CERTIFICATE	
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	more interior	Series No.
		Call Laboratory and the second
Total Property Comments		Teor M. Foter
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	new times	
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		Decision 1 Lancest Profession
ALTERNATION OF CONTRACTORS AND TOTAL		1842 23 2491
	. T. L. HID STEEL IN C.	ist comes of the contract

CERTIFICATE OF DEATH 4500 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY b. COUNTY MARYLAND MONTGOMERY WASHINGTON b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAL and give negrest town) D.C. GLENMAR PARK M. WASHINGTON A STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5810 URBURBAN 405 PITAL HUGIISTA NAME OF 4. DATE OF DEATH (Type or print) 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7/ MARRIED T NEVER MARRIED T Months DIVORCED [WIDOWED A 6 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Dr. J. CONNER DOCTORS OFFICE ASSIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MATHERINE 17. INFORMANT (LOIS M. L.) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. ATHERINE L. SHANKS 6500 WINNEDER RD. 1915-1917 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Dulmona 466X DUE TO It external whice offer Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work ____, 1959_, that I last saw the deceased 21. I certify that I attended the deceased fram. ___, and that death accurred at 1230 M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) ACTUAL e pluods PHYSICIAN'S NAME (Type) 3 22d. LOCATION (City. 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Criting S. Haus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55

04572

IS RESIDENCE

YES NO KI

Hours

INTERVAL BETWEEN ONSET AND DEATH

achemyres NO 1

(Stote)

(County)

12. CITIZEN OF WHAT COUNTRY?

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4591 CERTIFICATE OF DEATH

	2021		CEIVII	IIOA	IL OI DEAT	•		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Montgom			MARY	LAND	2. USUAL RESIDENCE (W o. STATE Florida	here deceas	ed lived. If institut b. COUNTY	ion: Resider	ice before	odmission	n)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, nearest town)	write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corp	orote limits, write I	RURAL ond	give neare	st town)	
Bethesd		-	4 days		Jacksonvi	lle	4	18 X.	3		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give			363	d. STREET ADDRESS		C44		-	IS RESID	ARM?
	nical Center,	_ De UI			2941 Arap	panoe	Street			YES 🔲 I	NO 🔀
3. NAME OF DECEASED (Type or print)	Charle	s	Middle Exu		Murray	4. DATE OF DEATH	Moi A	pril	17	Yes	r'o
5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR IF		
Male	White w	IDOWED [DIVORCE	DOS	eptember 8,		lost birthdoy) 214 yrs.	Months	Doys I	Hours	Min.
during most of wo	ION (Give kind of work don orking life, even if retired)	1			11. BIRTHPLACE (Stote	e or foreign	country)	12. CI1	TIZEN OF	WHAT C	OUNTRY
Estimato	r	Stee	1 Indust	ry	Georgia			0 19	U.S.A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	G. Murray				Nora Sp						
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES		AL SECURITY NO		ORMANT The Me						
No		un	known	Th	e Clinical	Center	, Bethes	da 14	, Mar	ylan	d
	ATH [Enter only one couse ATH WAS CAUSED BY:	per line for	(o), (b), ond (c).]		- T			INTERV	AND D	VEEN
1 45 1	IMMEDIATE CAUSE (0)	(N	MODCOC	cal	menen	rait	4				
134.1	DUE TO	R	' '								
Conditions, if		VIN	oncha	pnei	monia						
gove rise to couse (o), stoting		11	1,		7						
lying couse lost		Do	Jakens		Viseate						
CAT CAT	THER SIGNIFICANT CONDIT							EN IN PAR		WAS AU PERFORM 'ES X 1	MED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 200 G CAUSE OF DEATH Y MEDICAL EXAMINER)	o. DESCRIBE	HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	10	While	OCCURRED Not while of work	20e. PLACI foctor	E OF INJURY (Home, formally, street, office bldg., etc.)	m, 20f. (Cit	y or town)	(0	County)		(Stote)
actual SIGNATURE	hat I attended the depart 17.	19 59	and that	1. 13, death a	ccurred at 1:00 The C	PM, france ADDRESS (S	m the causes of treet, city or town, al Center astitutes	and an ti	he date	stated DATE	abave signe
PHYSICIAN'S NAME (Type)	George M. Owe	n, M.	D.				Maryla		July Old		
	ON. 22b. DATE THEREOF		. NAME OF CEME	TERY OR C		22d. LOCA	TION (City, town, conville,	or county)	rida	(Stote)	
23. FUNERAL DIRECTOR Robert A	r's signature . Pumphrey		ADDRESS esda, Ma	aryla	ha	D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	SNATURE	T	

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Tracult 4/18/50 1 18/5	Normal Life New York Company of the	The state of the second state of
Roberts . Sunningsy-Botheen, warpland Charles and a land		
		Archert A. Zumphrey-Bothesen, warylan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIRECT

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4592

CERTIFICATE OF DEATH

- 6	ŧ	1	U	
 Dist		AL.		

1. PLACE OF DEATH							
o. COUNTY			2. USUAL RESIDENCE (WH		institution: Residence	e before admission)
M	ontgomery	MARYLAND	Mary	yland	Howa	rd	V
b. CITY OR TOWN (If RURAL and give new	outside corporate limits, wr	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits.	write RURAL and gi	ive nearest town)	
	Olney	18 days		lighland	13×-		
OR INSTITUTION	AL (If not in hospitol, give st		d. STREET ADDRESS			e. IS RESIDE	
Montgomery	County Gener	ral Hospital, Ind	•			YES TO N	Ю
3. NAME OF DECEASED (Type or print)	John	Middle Richard	Nicholson	4. DATE OF DEATH	Month April	Day Yeo 19 19	59
. SEX			8. DATE OF BIRTH	9. AGE (I	n years IF UNDER I		
Male		OWED DIVORCED	January 26.	lost bir	thelast Las at La	Pous Hours	Min.
On. USUAL OCCUPATIO		106. KIND OF BUSINESS OR INDUS			12. CITIZ	EN OF WHAT CO	UNTRY
and the second second	ing life, even if refired)	self employed	i Maryland	4		U. S. A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N				
John Th	nomas Nicho	lson	(MANAGE STATES)	Antoni	a Picki	ns	
S. WAS DECEASED EVER Yes. no. or unknown) (I	IN U. S. ARMED FORCES? If yes, give wor or dates of service	16. SOCIAL SECURITY NO. 12 IN	NFORMANT ISSELL Niche Hospital	olson-421 Records	Delafe:	ild Pl.	N.
PART I. DEAT 420.0 Conditions, if on	(D)	alrio	Coolus	Urait a	living	INTERVAL BETWONSET AND DE	EEN ATH
gove rise to im couse (o), stoting to lying couse lost.	he under-	arteria	Salera			ye.	7
couse (o), stoting It lying couse lost. PART II. OTH	he under: DUE TO (c) ER SIGNIFICANT CONDITIO	Contributing to DEATH BUT				PERFORM	OPSY ED?
PART II. OTHI	ER SIGNIFICANT CONDITIO	OTTENSION OF THE BUT DESCRIBE HOW INJURY OCCURRED				PERFORM	ED?
PART II. OTHI	ER SIGNIFICANT CONDITIO S UNDERLYING 20b. C AUSE OF DEATH WEDICAL EXAMINER) Month, Day, Year 20	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED 20e. PLA		Port I or Part II of item	18.)	PERFORMI YES N	ED?
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couse (e), stoting it lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER. NOTIFY Hour o. m. p. m. 21. I certify the alive an ACTUAL	ER SIGNIFICANT CONDITIO SUNDERLYING CAUSE OF DEATH WEDICAL EXAMINER Month, Day, Year 20 19	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED hile Not while focurred of work of work	O. (Enter noture of injury in FACE OF INJURY IHome, form, street, office bldg., etc., 19.59, ta_accurred at 10:20	20f. (City or town) DM, from the Ca ADDRESS (Street city of	19. 7, that I louses and on the or town, stote)	PERFORMING NESS NESS NESS NESS NESS NESS NESS NE	(Stote)
couse (o), stoting it lying couse lost. PART II. OTHI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER. NOTIFY) Hour o. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION	BUNDERLYING 20b. SUNDERLYING 20b. CAUSE OF DEATH WEDICAL EXAMINER Month, Day, Year 20 19 W. W	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED hile Not while focurred of work of work	O. (Enter noture of injury in FACE OF INJURY IHome, form, tory, street, office bldg., etc. 19.57, to	20f. (City or town)	19. 7, that I louses and on the or town, slote)	PERFORMING NESS NESS NESS NESS NESS NESS NESS NE	(Stote)
couse (o), stoting it lying couse lost. PART II. OTHI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER. NOTIF) Hour o. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	BUNDERLYING 20b. 20	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED hile Not while focur of work	ACE OF INJURY IHome, form, street, office bldg., etc. 19 57, ta accurred at 10:20 M.D. Sandy Spr	pM, from the coadpress (Streets city of	19. 7, that I louses and on the or town, slote)	punty) Dist sow the dee dote stoted (Stote)	(Stote)

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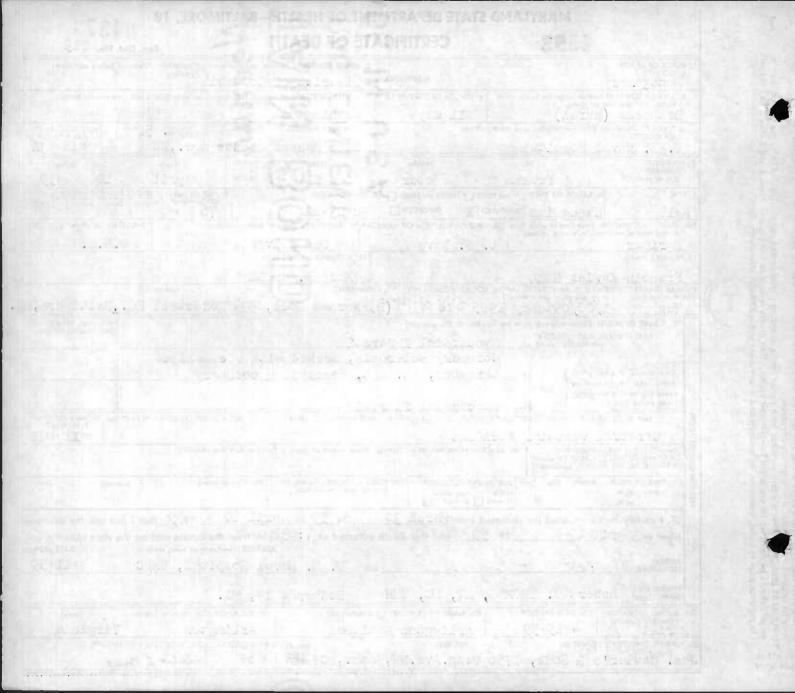
VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4593 Reg. Dist. No. 215 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Montgomery o. STATE District of Columbia COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bethesda (Rural ll days Washington d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS 502 e. IS RESIDENCE OR INSTITUTION ON A FARM? 2122 Massachusetts Ave. . NW U. S. Naval Hospital YES NO X NAME OF Middle 4. DATE DECEASED Yeor OF DEATH (Type or print) Fahian Peter NOET. April 1959 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Caucasian WIDOWED X DIVORCED [Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mariner U. S. Navv Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Xavier NOEL Mary E. CLUNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (B) Norman Noel, 934 Bardswell Rd., Baltimore, Md. Yes 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE (o) Coronary sclerosis, marked with recanalized DUE TO Conditions, if ony, which thrombus, lt. ant. descending coronary gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. Myocardial fibrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Cerebral Vascular Accident YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from March 30 , 19 59, to April 10 , 1959 that I last saw the deceased , and that death occurred at 7:03P M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.D. U. S. Naval Hospital, NNMC Robert C. THOMAS, LT, MC, USN Bethesda 14, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) Arlington National Arlington Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24n. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Jos. Gawlef's & Sons, 1756 penn. Ave. NW, Wash., DC OARR 1 4 '59 ariling & Know



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4594

CERTIFICATE OF DEATH

()4576 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased liv	ed. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside carporafe limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	e nearest town)
Be the sed	2415 9ma	Mach: watod	47x-3	
d. NAME OF HOSPITAL (If not in hospital, give stree	it address)	d. STREET ADDRESS	7-1-1-0	e. IS RESIDENCE
OR INSTITUTION Alta Vista	RestHone	4523 Chesage	eakest n. U	ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) First Comma	Middle	CONNE / 4. DATE OF DEATH	A oril	Day Yeor 12 1959
S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH 9.	ost birthdoy) Months Do	YEAR IF UNDER 24 HRS. oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done duripg most of working life, even if retired)	ш —	TRY 11. PRTHPLACE (State or foreign count		N OF WHAT COUNTRY?
HOUSE WIFE		Constant	J	US
13. FATHER'S NAME	^	14. MOTHER'S MAIDEN NAME		
James	Cook	Sarah Aller	1.	
		NFORMANT L. Te	1 N @ Magress	D.C
No.		rs.margaret St	e st 7.6	U. washingto
1B. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]	1 , 1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestive	heart failure		
445 X DUE TO	with b.o.	as made and a disamo		2-4 h
Conditions, if ony, which) (b)	John John	account a) Tiresun
gove rise to immediate couse (a), stating the under- lying couse last.	iferio sclerot	i - hyperfen his.	heart drience	5 yra
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1	PERFORMED?
	SCRIRE HOW INJURY OCCUPRE). (Enter noture of injury in Port I or Part II	of item 18.1	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Jenie How Myori Occorne	s. (emer notice of injury in voir var var in		
=	£	ACE OF INJURY (Home, form, 20f. (City or tary, street, office bldg., etc.)	town) (Cou	unty) (Stote)
Hour o. m. 19 While of we	e Not while ark of work	idiy, sheet, office blogs, etc.)		
21. I certify that I attended the decea	sed fram Dec 18	, 1953, to apr 12	195 Ithat I last	saw the deceased
alive an 6/12 12 , 19	59, and that death	accurred at 2 P_M from the	causes and an the c	date stated abave.
ACTUAL SIGNATURE Medich O	Hanison	M.D. 4535 Yuma	st N.W. M	Vasli, DC
PHYSICIAN'S MALCOLM	D. HARRI	SON 4535 Yuma St	. N. W.	4/12/59
220. BURIAL, CREMATION, 22b. DATE THEREOF BUR-Transit 4/15/59	22c. NAME OF CEMETERY O		(City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR		IATURE
Robert A. Pumphrey	Bethesda Ma	ryland parAPR 1 4'59	ariting & the	au k

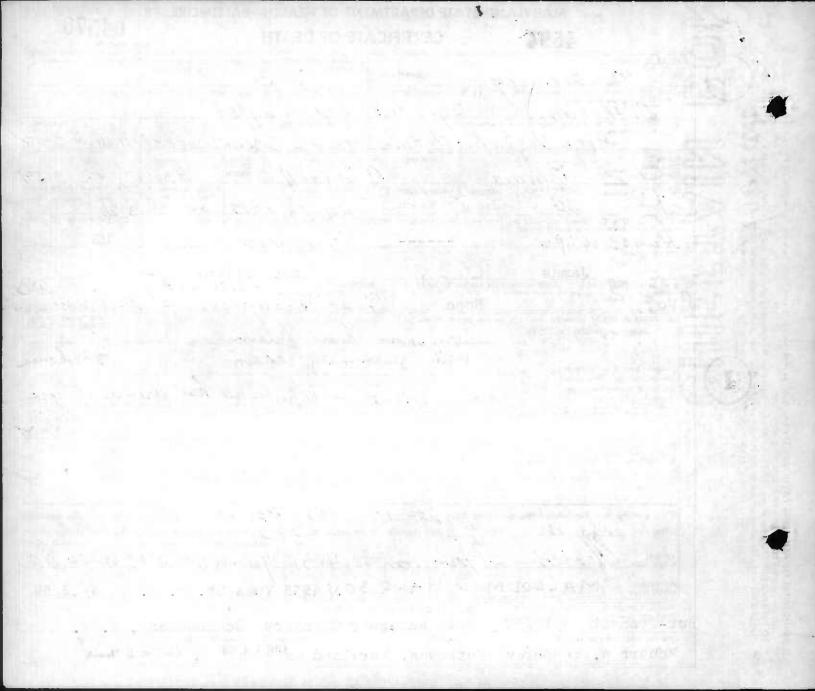
director, Page

TO HOSPITAL OR ATTAMOING PHYSICIAN: The law requires that the death certificate be executed haspital as attending physician.

TO FUNERAL DIRECTOR'S After this certificate has been signed by the attending physician and campletely filled in by the form TO FUNERAL DIRECTOR'S After this certificate has been signed by the attending physician and campletely filled in by the form Then please remave carban papers. In any

the registrar priar ta burial, crematian, ar remaval, an

VS A1S (4) 15M 9/5B



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10 HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs after	may be retained by the hospital ar attending physicion.	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the	0/5	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4595 **CERTIFICATE OF DEATH**

											keg. Disi	. No. CI	2
1. PL	ACE OF DEATH COUNTY			44 A DV4	18	2. USUAL RESID	-	ere decease	d lived. If in	stitution	: Residence	e before admis	ssion)
	Montgomer	N		MARYL		Maryla					Geor		
ь.	RURAL and give n	If outside corporate limits, vearest town)	write	c. LENGTH OF STAY II	N 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, w	rite RUR	RAL ond gi	ve nearest tow	rn) 🗸
	Bethesda	(Rural)		34 days		Hyatts	ville	2			161	5,2	
d.	OR INSTITUTION	TAL (If not in hospital, give	street or	ddress)		d. STREET A						e. IS RE	SIDENCE A FARM?
1	U. S. Nav	ral Hospital				6000 8	5th A	Ave.					CKON [
	AME OF	First		Middle		Last		4. DATE OF		Month		Day	Yeor
	ype or print)	Andre				OSATRO	F	DEATH	I I	Apri	1	30	19 59
s. SE	X	6. COLOR OR RACE 7.	MARRIE	ED NEVER MARRIED	D 🔲 B.	DATE OF BIRTH			9. AGE (In lost birth			YEAR IF UND	
M	ale	Caucasian	IDOWED	DIVORCED		3-30-1	.5		44	yrs.	Months	Doys Hours	Min.
0o.	USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)			INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)		12. CITIZ	ZEN OF WHA	TCOUNTRY
	Mariner	king life, even if retired;	U.	. S. Navy		New	York	2			T	J.S.A.	
	ATHER'S NAME					14. MOTHER'S					-		
]	Louis Osa	atrof				Helen	Hern	nan					
15. W	AS DECEASED EVE	ER IN U. S. ARMED FORCES	7 16. 5	OCIAL SECURITY NO.	17. INI	FORMANT				Addres	15		
	Yes	11/29/32 - 1	1/30	0/54	Ho	ospital	Recor	aba					
Ti	B. CAUSE OF DEA	ATH [Enter only one couse	per line	for (o). (b). ond (c).]								INTERVAL B	ETWEEN
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Aor	tic stenos	is							ONSET AND	DEATH
	4/11	DUE TO											
	Conditions, if o		Rhe	umatic hear	rt di	isease						10 y	rs
	gove rise to i	immediate (
	couse (o), stoting lying couse lost.	(c)_											
Z F	PART II. OT	HER SIGNIFICANT CONDITI	IONS CO	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIVEN	N IN PART	1(o) 19. WAS	AUTOPSY
CATION													ORMED?
	Oa. ACCIDENT W	AS UNDERLYING 206	b. DESCI	RIBE HOW INJURY OC	CURRED.	(Enter noture of	injury in F	Port I or Por	t II of item 1	B.)			
CERT	IF EITHER, NOTIFY	MEDICAL EXAMINER)											
3 2	Oc. TIME OF INJUR	RY Month, Doy, Year	20d. IN.	JURY OCCURRED	20e. PLAC	E OF INJURY (H	lome, form	. 20f. (City	or town)		(Ce	ounty)	(Stote)
MEDICA	Hour o.m.		While of work	Not white	focto	ory, street, office	bldg., etc.)					
					27	1.50	Ama	ril 20)	50			
		nat I attended the de	-			, 19.59_						ast saw the	
9	olive on App	LIT 20	19_2	and that	death o	occurred at.							
A	CTUAL	0	- 7	1		77 6			treet, city or				ATE SIGN
S	IGNATURE	eg, gaen	1 DU	wite	M	.D	o. Iva	VAL HO	spita	- 7 TA	TATATO	4-3	0-59
	HYSICIAN'S	R. G. GALBRAI	CTH,	JR., LT,	MC, 1	USN Bet	hesda	a, Mar	yland				
220.	BURIAL, CREMATIC	ON, 225. DATE THEREOF		22c. NAME OF CEMET	TERY OR	CREMATORY		22d. LOCA	TION (City, t	own, or	county)	(Sto	ite)
В	REMOVAL (Specify)	5-4-59		Arlington	n Na	tional		Arli	ington			Virgin	ia
		'S SIGNATURE HAS	One	P JODESSMAN	al	Home	24a. REC'I	D BY REGIST	RAR 24b.	REGISTI	RAR'S SIGI	NATURE	
Ну	song's F	uneral Home,	130	o N St., NW	, Wasi	h. DC	DAMAY	4 '59		7 -1	- 0 2		
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MARYLAND STATE DEPARTMENT OF SEATS - SALTIMORE TO

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	ng ting (sile sa) pa mga 1965 Ng 1981 N	

,5 TO HOSPITAL OR ATT FOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A15 (4) 15M 9/5B

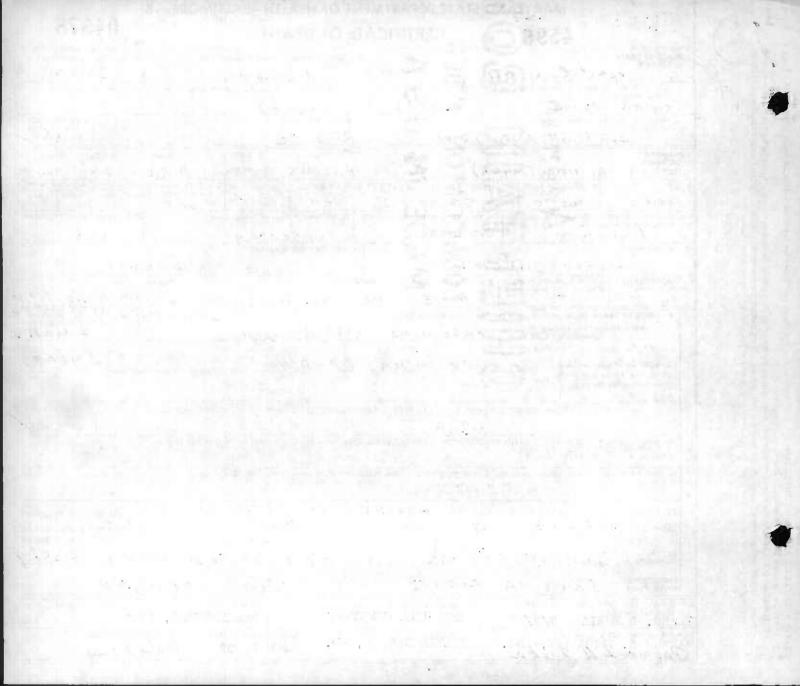
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4596

CERTIFICATE OF DEATH

() 4578 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	- CY		MARYLAND	a. STATE	, 1		lived. If institution b. COUNTY	on: Resider	-		4.4
h CITY OF TOW	N (If outside corporate limits,			 	OWN IS OUR		ate limits, write R				1 "
RURAL and giv	re nearest town).	7 LUE	-				5	0 1	2	1031 10111	
	SPITAL (If nat in haspital, give		LNJ	d. STREET A	DRESS		2	7 / -	·)	e. IS RES	IDENCE
OR INSTITUTIO		D DRIVE		RED						ON A	FARM?
3. NAME OF	First	DURIVE	Middle	Last		. DATE	Mon	46.	Day		Year
DECEASED (Type or print)	ALMIRA (M	YRA)	D.	PALM		OF DEATH	APRI	14	28	1	1959.
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER	MARRIED	B. DATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER	Days	Hours	
FEMALE	WHITE	VIDOWED 🖸 DI	IVORCED 🗌	JAN.	14,18	3 44	65 yrs.	Monins	Days	nours	Min.
during mast at v	ATION (Give kind of wark do warking life, even if retired)	Own home	NESS OR INDU		BRAS	KA	untry)	12. CIT	,	. 2	OUNTRY?
	EORBE DIN			14. MOTTER 3			1				
					BEL	LE,	RIC	HMO	NO		
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCE (If yes, give wor or doles of servi			INFORMANT			Addi	ess			NO.
-	DEATH [Enter only and coust	NON		RS- WYNA	1 FRED	BOWM	AN 1418 SILVERS	3 4110	rHLA	RVAL BE	LAN
Conditions, is gove rise to couse (o), stati		CARCI	ï	BREI	757.	1,-11					ARS
NOLLY II.	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING		NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	'EN IN PAF	RT 1(a) 19	PERFO	AUTOPSY RMED? NO 🗹
200. ACCIDENT	WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW IN		D. (Enter noture of	f injury in Po	rt I or Part	II of item 1B.)				
	10	20d. INJURY OCCUR! While Not while ot work ot wark	f.	ACE OF INJURY (I octory, street, office		20f. (City	ar town)	((Caunty)		(State)
	James a.	leceased fram, 1959, and Roberts	d that death		40°PN AL	A, fram t	the causes and reet, city or town,	d an th stote) WEN	e date	stated	
REMOVAL (Spec	ATION, 22b. DATE THEREOF CITY BURIAL 5/2/59	OATE	OF CEMETERY CHILL CE	OR CREMATORY METERY	1		RSBURG,			(Stot	e)
23. FUNERAL DIRECT	PUMPHREY, INC		R SPRIN	IG, MD.	24a. REC'D MAY DATE	BY REGISTI		STRAR'S SI			



OF THOMPILE PERSON OF THE MEMORIE PRATE STALLY THAT 14 5 45 1 1 Min

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After this certificate has been signed by the attending physician and campletely filled in by the first director, and for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed with page 3 should be detached for use os the buriol-transit permit. Then please remove carbon pape the registrar prior to burial, cremotion, or removal, ond in any event within 72 hours after death. may be retained by

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

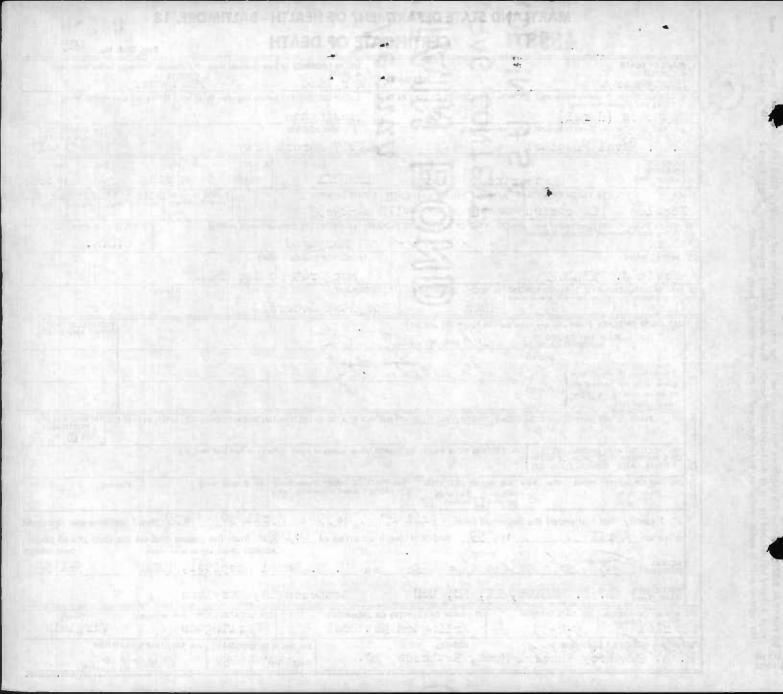
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4598

CERTIFICATE OF DEATH

04580

Reg. Dist. No. 215

	PLACE OF DEATH a. COUNTY Montgomery			MARYLAND		usual RESIDE a. STATE Marylan	_	ere decease	b COUNTY			ore admiss	ian)
	RURAL and give ne	- 1	ts, write	c. LENGTH OF STAY IN 16	X	c. CITY OR TO	WN (If at	utside corpo	orate limits, write R	URAL and	give ne	arest tawn	1)
	Bethesda (1 day	F	Kensing							
	OR INSTITUTION	AL (If nat in haspital, g	ive street	address)	11	d. STREET AD	DRESS					e. IS RES ON A	IDENCE
	U. S. Nava	1 Hospital			1 5	5017 Au	rora	Drive	2		177		NO
	NAME OF DECEASED (Type or print)	Fir Kathe		Middle	PTE	Lost ERUCKI		4. DATE OF DEATH	Mon Apr		30	,	Year 19 59
<u></u>	SEX			Mary NED NEVER MARRIED	_	ATE OF BIRTH		DEATH	9. AGE (In years			IF UNDE	
Е.									last birthday)	Months	Days	Haurs	Min.
	Female	Caucasian				4-29-59			yrs.		T		
100	during most of work	IN (Give kind af wark of ing life, even if retired)	dane 10b.	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLA	CE (State o	ar fareign c	ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY
	None					Maryl	and			J	J.S.	Α.	
13.	FATHER'S NAME		-		14	4. MOTHER'S N	AAIDEN N	AME					
	Ervin J.	PTERUCKT				Margar	et Lo	mise	TELLER				
15.		IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO. 17.	INFO	RMANT	C O IIC	742.50	Add				
[Ye	s. no. or unknown) (If yes, give war or dates of se	ervice)						۸۵۵	1633			
=	No				osp	pital R	ecord	15					
			use per li	ne for (a). (b), and (c).]	1	-1/-						ERVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Annual	n	rety					OIN	SEI AND	DEATH
	776 X	DUE TO		0 1		,11							24
	Conditions, if an	w which)		President	-5	Lu							
	gave rise to in	nmediate		ruman	n	1					-		
	cause (a), stating t	he under- DUE TO			1								
-	lying cause last.) (c											
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	TNOT	T RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(a)	PERFO	AUTOPSY PRMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Er	nter nature af i	injury in Po	art I ar Pari	t II af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a.m.	Manth, Day, Yea	20d. It	NJURY OCCURRED 20e. P	LACE (OF INJURY (Ho	ome, farm,	20f. (City	or tawn)	(County)		(State)
ME	p. m.	19	at war	THE THE									
	21. I certify the	at Lattended the	decens	ed fram April 29		10 59	ta Ar	oril 3	30 , 19 59	that I	leak a	and the	
	alive an Apr	12 00	19	59, , and that death			8.10	2.4.6	., 17_22	, mai i	1031 30	aw me	deceased
	duve du	***	17	, and that death	n acc	currea at					he da		
	ACTUAL TO	2/ /	//-	A	-				lreet, city ar town,			DA	ATE SIGNE
	SIGNATURE	10000	Va	llow	M.D.	U.S.	Nava	I Hos	spital, N	NMC		5-	1-59
	PHYSICIAN'S H	. L. WALTO	N, L	r, MC, USN		Bethe	sda l	L4, Ma	ryland				
22a	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY C	OR CRI	EMATORY		22d. LOCAT	TION (City, tawn, o	or county)		(State	el
	BUT 18 1	5-4-59		Arlington N					Lington	,,	V	irgin	
234	FUNERAL PRECTOR'S	11111		ADDRESS			A- DECIS	BY REGIST		TDAR'S SI			
R	CT. / 11/20	nauteur	1 Hor	me, Bethesda,	Md								
71	· II. I miloti	J. J. Milya a	_ 1101	e, pe one ada,	Tiles (DATE M	AY 5	59 0	ritur .	8. 14.	AUA	
-	205/383	XVO					600						



04581 CERTIFICATE OF DEATH Reg. Dist. No. directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY g. STATE b. COUNTY Fled MARYLAND ú b. CITY OR TOWN (If autside carporate Hinits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE First Middle Lost Month Day Year DECEASED OF DEATH 19.5 (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Hours WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED BORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 72 ottending INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: mintes DUE TO by E. Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENAM PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) os 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour 0. m. While Not while at work of work 195 that I last saw the deceased 21. I certify that I oftended the deceased from. and that death occurred of M, from the couses and on the date stated above. 0 ADDRESS (Street, city_or town, state) DATE SIGNED 9 FUNERAL DIRE 3 should Battery Lane, Bethesda, Md. PHYSICIAN'S NAME (Type) 4890 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Waterburg. Connecticut Trans.Bur. Pine Grove Cem. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda 14, Md. DATAPR 9 VS A15 (4) arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04582 Reg. Dist. No.

n. county Montgomer	w.	MARY		2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased	d lived. If institution b. COUNTY	on: Residen ฟิลรทำ	not.on	mission)
	f outside corporate limits, wi	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	URAL ond	give nearest to	own)
Bethesda	orest town;	20 days		Hancock		2.	14	5	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give s	treet oddress)		d. STREET ADDRESS		5-3	1 0 -	e. 15	RESIDENCE
	cal Center.	Bethesda 14.	Md.	121 Pennsy	dvania	Avenue			N A FARM?
3. NAME OF	First	Middle		Last	4. DATE	Mon	th	Doy	Yeor
(Type or print)	Donald	Edwin		Powers	DEATH		ril	10.	19 59
5. SEX		MARRIED NEVER MARRIE	D 📆 B.	DATE OF BIRTH		9. AGE (In years		1 YEAR IF UN	
Male		DOWED DIVORCED		July 15, 19	57	lost birthday) yrs.	Months	Doys Hou	-
10a. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OF	R INDUSTR		or foreign co		12. CIT	IZEN OF WH	AT COUNTRY
Child	ing life, even if retired)	None		Maryland				S. A.	
13. FATHER'S NAME		None		14. MOTHER'S MAIDEN	-		0.	Do Ale	
Donald F.	Destant					la manh			
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INF	Daisy Pear	T Darr	Record Addr			
[Yes, no, ar unknown] {	If yes, give wor or dates of service)								
No la company		None		Clinical C	enter,	Bethesd	a 14,	Maryl	and
	THE WAS CAUSED BY	per line for (a), (b), and (c).]			100				BETWEEN NO DEATH
L-000 0	IMMEDIATE CAUSE (o)	Bronchopneumo	nia c	due to Pseud	lomonas	5		5 We	eks
281.2	DUE TO							13.3	
Conditions, if or	ny, which) (b)	Cystic Fibros	is of	Pancreas				20 Mo	nths
gove rise to in couse (o), stating t								2011	
lying couse lost.) (c)								
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
CAT				*					FORMED?
O (IF EITHER, NOTIFY I	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OF	CURRED.	(Enter nature of injury in	Port 1 or Part	Il of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	w W	Od. INJURY OCCURRED While Not while work of work		E OF INJURY (Home, formally, street, office bldg., etc.)		or town)	(C	County)	(State)
21. I certify the	at I attended the dec	eased from March	21	., 1959, to A	pril 1	0 , 1959	that I I	act care th	o docones
alive an_Apr				ccurred at 8:35	PM from	the sauce a	and an Ab	asi saw in	e deceased
	// (2)			reet, city or town,		ie date sto	DATE SIGNED
ACTUAL SIGNATURE	Von &	- comula		The Clini				1,_:	10-59
		, , ,, ,,	M.I	The Natio			of H		10-52
PHYSICIAN'S NAME (Type)	Leon G. Sm	ith, M. D.		Bethesda			OI U	ear on	
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME, OF CEME	TERY OR C			ryland ION (City, lown, o			
REMOVAL (Spegify)	4-13-59	14 m. 0	110	Tall	11	City, lown, o	(County)	(5)	tote)
23. FUNERAL DIRECTOR'S		ADDRESS	14.0	The per	D BY REGISTI	RAR 24b. REGIS	TRAD'S SIG	HATURE	ma
Na. s. A	Y 21.	1/	0.	DATE	R 1 5 '59		-	Kana	
- Ducul	- IT ESUVE	Nancos	-Ch	DATE			40. 1	- Landin	

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			Strategic Company		
	ALCOHOL: SERVICE				
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04583 CERTIFICATE OF DEATH 4482 Reg. Dist. No NACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) COUNTY b. COUNTY MARYLAND annor work inta Champh CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give neares) town) RURAL and give nearest to d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE off OR INSTITUTION ON A FARM? Danilahum YES NO NAME OF 4. DATE Month Yeor DECEASED (Type or print) 19150 DEATH 195 MAKRIED TO NEVER MARRIED 9. AGE (In years last birthday) 6. COLOR, OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours emale WIDOWED N DIVORCED yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working lile, even if retired) ursino Irainia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nargare move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which permit. gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY buriol-fr PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 1947, that I last saw the deceased alive an and that death accurred at__/_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b, DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		tare)	
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with director filed remove burial-transit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO V NAME OF 4. DATE DECEASED (Type or print) DEATH 19 4 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Days WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: geavs DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), slating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Hour a. m. Not while foctory, street, office bldg., etc.) While of work of work p. m. 4-20, 1959, that I last saw the deceased 21. I certify that I attended the deceased fram.____ __, and that death accurred at \(\subseteq \s ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) page 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arihun & House 1SM 10/57

VS A15 (4) 15M 10/57 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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4601

CERTIFICATE OF DEATH

()4585 Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDEN o. STATE Maryland	ICE (Where deceased	l lived. If institution b. COUNTY	n: Residence be	fore admission	on)
b. CITY OR TOWN (If outside RURAL and give nearest)	de corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corpo	rote limits, write RL	RAL ond give n	earest town)	1
Bethesda (Ru	ral)	l day	Lexingte	on Park			18x.	-2
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give stre	et oddress)	d. STREET ADD	RESS P.O. B	ox 432, F	RFD #1	e. IS RESIL	
U. S. Naval	Hospital			railer Co		"	YES 🗌	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont	h [Day Ye	eor
(Type or print)	Mildred	Lee	PUCKETT	OF DEATH	Apri	1 1	. 19	9 59
5. SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	R IF UNDER	
Female Ca	ucasian WIDO	WED DIVORCED	3-31-59		lost birthdoy)	Months Days	Hours	Min.
	ve kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
None None	e, even if refired)		Ma	rvland		U.S.	Α.	
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME				
Maynard L. P	UCKETT		Prisci	lla PERRY				
15. WAS DECEASED EVER IN U	. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
(Yes, no. or unknown) (If yes, s	give wor or dates of service)	None I	Hospital Re	ecords				
PART I. DEATH W. Conditions, if ony, w gove rise to immed couse (o), stoting the un lying couse lost.	AS CAUSED BY: DIATE CAUSE (o) DUE TO hich iote der- OUE TO (c)	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO TH	Brimani Diseasi	SCONDITION GIVE	Of	TERVAL BET'	DEATH
CATI		ESCRIBE HOW INJURY OCCURRE				A A	PERFOR YES [MED?
20c. TIME OF INJURY Mo	onth, Day, Year 20d		LACE OF INJURY (Homoclory, street, office blo	ne, form, 20f. (City dg., etc.)	or town)	(Count)	1)	(Stote)
₹ p. m.	19 of v	rork of work						
olive on April ACTUAL SIGNATURE		used from March 31 59, ond that death	M.D. U. S.		the couses of reet, city or town, spital, I	nd on the d	ote stoted	deceosed d obove TE SIGNED
220. BURIAL, CREMATION, 22 REMOVAL (Specify) Burial Shipmen	t 4- 4- 59			22d. LOCAT	ION (City, town, o		(Stote) ginia	
R. A. Pumpbre	1. 1. 1. 1	ADDRESS Iome, Bethesda,	377	a. REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATI		
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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	be retained by the hospital or attending physician. NERAL DIREC : After this certificate has been signed by the attending physician and completely filled in by the	d b	registrar priar ta burial, crematian, ar remayal, and in any event within 72 hours after death.	
AL	AL D	Jack	ror	
SPIT	ER.	3 5	gist	
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CERTIFICATE OF DEATH Reg. Dist. No. 14586	
557.7/10.1/2	
1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE D. COUNTY D. COUNT	10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3 Alast X Define Suz X Md.	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON A FARM YES DE NO	SW3
3. NAME OF DECEASED (Type or print) Julia High Runtle 14. Day Year DEATH Julia 20 195	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED NEVER MARRIED NEVER	HRS. Min.
100. USIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 13. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTAPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BI	UNTR
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Filen Cashman Ellen Cashman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give war or dotes of service) None Thomas Lifer He 6 Brooks de N	Le
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Intestinal Bleeding DUE TO Conditions, if ony, which (b) Carcinoma of colon 18 mont	rs
gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOF PERFORMED. Arteriosclerosis, general YES \(\) NO	D?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. Power on m. 19 Of work 19 Of wo	(State)
21. I certify that I attended the deceased fram June 22, 19539, ta April 20, 1959, that I last saw the deceased alive an April 20, 1959, and that death accurred at 4:00P M, fram the causes and an the date stated at ADDRESS (Street, city on town, stote) ACTUAL SIGNATURE M.D. 509 Del Ray Ave. B ethesda, M.d.	abav
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify). Bur-Transit 4/24/59 22c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery Stoneham. Mass.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland Date APR 2 2 '59 Outling & Huma	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often may be retained to the spital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direpage 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Rages 1 and 2 should be filed the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death.

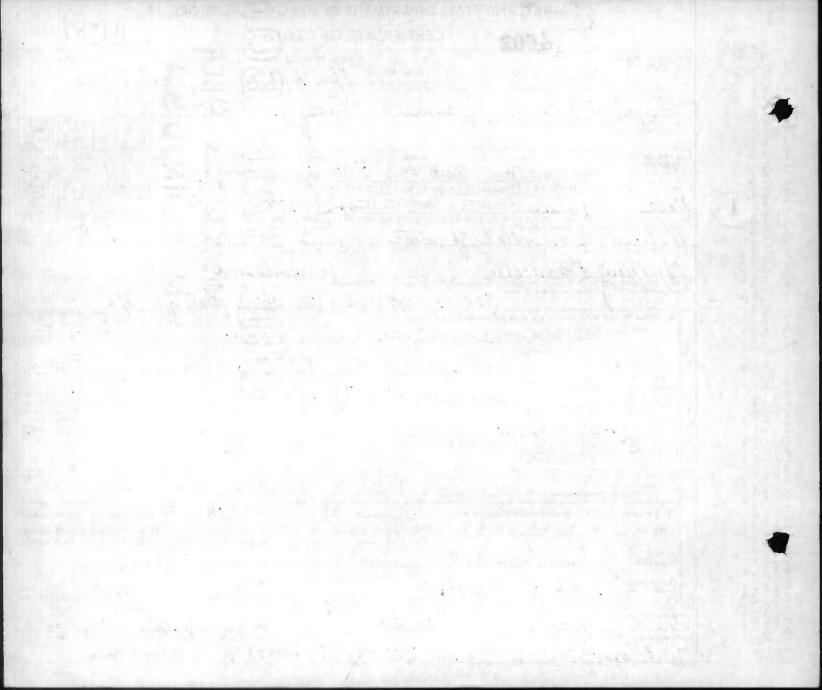
VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4603 CERTIFICATE OF DEATH

Reg. Dist. No. 87

1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAN	a. STATE	1	b. COUNTY	idence befare admission)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits, write	c. LENGTH OF STAY IN 1	c. CITY OR TOW	/N (If autside carporate	limits, write RURAL/a	and give nearest tawn)
Bouls -		3430	May	15-131-1	>	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, give street	address)	d. STREET ADDR	RESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	KENNETH	MURPHY	RAMSEN	R 4. DATE OF DEATH	Manth	Day Year 18 19 5 9
S. SEX Halo	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. A	GE (In years IF UNI mant)	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark dane 10b.		DUSTRY 11. BIRTHPLACE	(State ar fareign caunt	y) 12.	CITIZEN OF WHAT COUNTRY?
during mast af worl	king life even if retired)	Charter	north	Cauline		4.5
13. FATHER'S NAME	Bamsour		14. MOTHER'S MA	bnown		
15. WAS DECLASED EVE (Yes, no, or unknown)	IN U. S. ARMED FORCES? 16. If yes, give war ar dates of service)	38-09-178	INFORMANT RA	mseus B	Address	20
18. CAUSE OF DEA	ATH [Enter anly ane cause per li		O. C. C.	TACCE OF THE	arry .	INTERVAL BETWEEN
The second secon	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ecute c	may	y coole	2460	ONSET AND DEATH
420.0	DUE TO	1		1		
Canditians, if a	mmediate	levisale	stic he	art du	leso	3-year
cause (a), stating lying cause last.		manced	Orleno	selevosi	,	3 years
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEASE CO	INDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
PART II. OTH	AS UNDERLYING [] 20b. DESI	CRIBE HOW INJURY OCCU	RRED. (Enter nature of inj	ury in Part I ar Part II o	f item 18.)	
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 20d. II While at war	Nat while	PLACE OF INJURY (Ham factory, street, affice bld		awn)	(Caunty) (State)
21. I certify th	at I attended the deceas	ed fram.	me, 1956, 10	a 07202 18	, 1959,that I	l last saw the deceased
alive an/	8 april , 19	59_, and that dec	ath accurred at 12	M, fram the	causes and an	the date stated abave
	1 1 0			ADDRESS (Street,	city ar tawn, state)	DATE SIGNED
ACTUAL	flug Jaw	coll	_M.D	austra	mille,	
PHYSICIAN'S NAME (Type)	JOHN G. F.	AWCETT		PO.Ra	yol,	Wel
22a. BURIAL, CREMATIC	DN, 22b. DATE THEREOF	22c. NAME OF CEMETER	OR CREMATORY	22d. LOCATION	(City, tawn, or caun	1) (State)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	24b, REGISTRAR'S	SIGNATURE
711.111 in	BHILLER	Branesillo	. /	APR 21 '59	arthur &	



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certified writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation for remarkal, and in any event within 72 hours after death. 4

VS. A1SME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(14588 Reg. Dist. No.

		COUNTY 1	o. STATE b. COUNTY
		Municipality MARYLAND	Menty
	b.	c. CITY OR TOWN (If outside corporate limits, wring TURAL and price nearest lights)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
		Rockielle 5 mo	26 Rockvelle
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		Travelleh Rd.	Travellat Rd YES NOW
		NAME OF First , Middle	Lost 4. DATE Month Day Year
		DECEASED (Type or print) T	OF DEATH QA 1957
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In Gors IF UNDER 1 YEAR IF UNDER 24 HRS.
		L. I WIDOWED [] DIVORCED []	4-11-1900 feet birthday) Months Days Hours Min.
	100	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	7 30
	d	Juling most of working life, even if retired)	
		housework	Va 4.5 a.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Um madien	Cha. Null
		WAS DECEASED EVER IN U. S. ARMED FORCES? If you give war or dates of tervice Unknown	NFORMANT) Addressy // Vaile St
		No Olikhown his	my Ki Beall (daughter) Bockville md
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COTONARY	oralusion andelin
		420.1 DUE TO F	
		C-18: 16 18:41)	
		gave rise to immediate cause	
		(a), stating the underlying DUE TO	
	7		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	Ŏ.	TAK II. O'THE O'TH	PERFORMED?
	CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (YES NO
	ERTI	PRIMARY Or CONTRIBUTING	Enter nature of injury in Part I or Part II of item 18.)
		CAUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a, m. White Not white	CE OF INJURY (Home, form, i 20f. (City or town) (Caunty) (State) ary, street, affice bldg., etc.)
	ME	p. m. 19 at work ot work	
		21. I certify that I took charge of the remains described about	ove, held on Autopsy [], Inspection [X], Inquiry [X], and in my
		opinion death resulted from: Natural causes X, Accident	, Suicide , Homicide , Undetermined monner
		1	
		SIGNATURE Jamb & Broschaut	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
5		SIGNATURE	ACCUPANCE ASSESSMENT FOR A STATE OF THE STAT
6		NAME (Type) FLANK J. Bhoschary	DEPUTY MEDICAL EXAMINER 7
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
		REMOVAL (Specify)	Destroyer
	23	BUTIAL April 14 Parklawn EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	ROCKVIILe Md.
	1	Now to Barber Laytonsvi	
	1	7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	DATE DATE

R'S CHRIPPIC ATE OF DEATH			
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TO BENEVICE OF THE STREET			
		The Paris St. of March	
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Livencii L		tareal filter.	
A Parist, still		HARE THE ST	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4484 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and alve nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO ACHIOLITE 4. DATE NAME OF First Middle Last Month Year Day DEATH 195 (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED [WIDOWED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Hours 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO á Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? YES NO IR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice blda., etc.) Nat while Haur o. m While at work | at wark 1952, that I lost saw the deceased 21. I certify that I attended the deceased from 1-e and that death occurred at 3 De M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL be DIREC shauld HOSPITAL 3 PHYSICIAN'S NAME (Type) Koma ook 3 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, AOCATION (City, town, or county) (State page REMOVAL (Specify) O 0 240 AREC'D BY RECESTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATUR VS A15 (4) 15M 9/55 DATE

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7.97			A. A.	
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may be retained by After this certificate has been signed by the attending physician and completely filled in by the pareral di page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filt the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the spital are attending physician.

TO FUNERAL DIRECT.

After this certificate has been signed by the attending physician and coppletely filled in by the

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VS A15 (4) 15M 10/S7

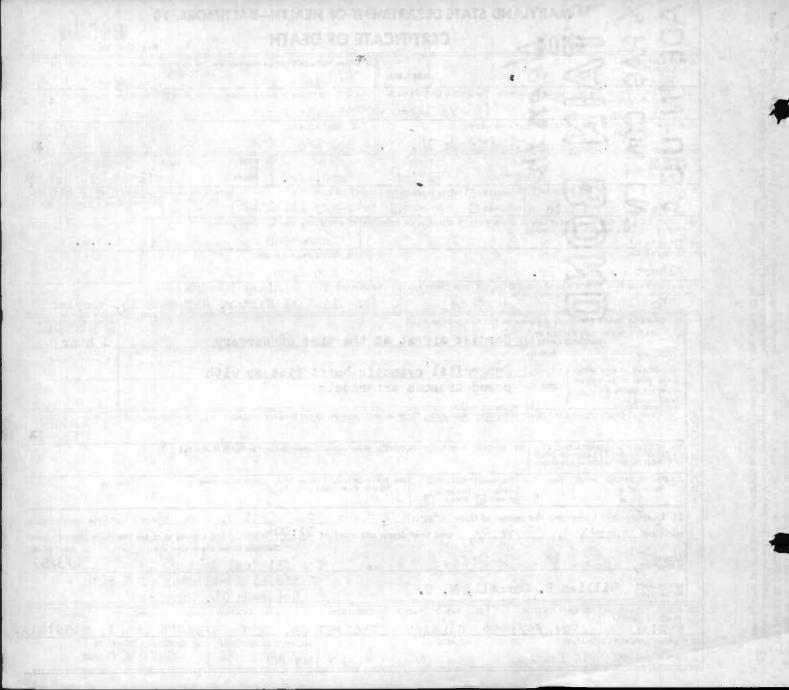
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4604

()459() Reg. Dist. No.

1	o. COUNTY			MARYL	OMA	o. STATE		iere decease		nstitution: I DUNTY	Residence b	efare admission	n)
-	Montgomer	outside corporate limits.			7.5	Virgi	nia				Augus		
	RURAL and give ne	orest lown)	Write	c. LENGTH OF STAY IN		c. CITY OR T	OWN (If o	outside corpo	rote limits, v	-		nearest town)	19 7
-	Bethesda 26 days d. NAME OF HOSPITAL (If not in hospitol, give street oddress)					Stuar		aft		83X	- 3		
	d. NAME OF HOSPITA	AL (If not in hospital, giv	e street o	ddress)		d. STREET A	DDRESS					e. IS RESID ON A F	ENCE
L	The Clini	cal Center	Bet	chesda 14.	Md.	Box 1	66					YES 🗌	
3.	NAME OF DECEASED	First		Middle		Losi		4. DATE		Month		Day Ye	or
	(Type or print)	Alb	ert	Willia	m	Reno,	Jr.	OF DEATH		Apri	17	3, 19	20
5.	SEX	6. COLOR OR RACE		ED NEVER MARRIED	TT B	DATE OF BIRTH			9. AGE (In	- 4		AR IF UNDER	
L	Male	White	VIDOWED	DIVORCED		ebruary	-		lost birth	iday) Mo	onths Day		Min.
10	Da. USUAL OCCUPATIO during most of worki	N (Give kind of work doing life, even if retired)	ne 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPU	ACE (Stote	ar fareign co	ountry)		12. CITIZEN	OF WHAT C	OUNTRY?
	Student.	and the transfer of		None		Ten	nesse	е			U.	S.A.	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME					
Г	Albert W.	Reno. Sr.				Ann	Gann	1					
	. WAS DECEASED EVER	IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. IN	FORMANT Th	e Med	ical	Record	Address			
10	No (I	F yes, give wor or dates of sen	oca)	None		The Clin					71,	Marvel a	nd
F		THE Contractor and and	a and line				2062	001100	, ,,	nicode			
		TH [Enter only one coust 'H WAS CAUSED BY:									0	NTERVAL BETY	VEEN EATH
L	MEUE	IMMEDIATE CAUSE (0)_	Car	diac arrest	at	the tim	ne of	surge	ry			1 hour	
	1734,3	DUE TO											
	Conditions, if on		Con	genital cya	not	ic heart	dis	ease w	ith				
	gove rise to in cause (o), stating the			udotruncus									
	lying couse lost.) (c)_											
Z	PART II. OTH	ER SIGNIFICANT COND	TIONS CO	INTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIVEN I	N PART 1(o	19. WAS AU	TOPSY
I												PERFORA YES T	-
CFETIFICATION	20a. ACCIDENT WAS	UNDERLYING 2	0b. DESCI	RIBE HOW INJURY OC	URRED.	(Enter nature of	injury in f	ort I or Port	I II of item 1	B.)			10 []
1		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Year			Oe. PLAC	CE OF INJURY (Hory, street, office	lome, form	20f. (City	or town)		(Coun	ty)	(State)
N N	p. m.	19	While of work	Not while of work		.,,	biog., eic.						
	21. I certify the	at I attended the a	lecense	d from March	8.	19 5	Qto A	nril '	3 10	596	est I leas		
	alive on Ar	ril 3	10 E	9, and that d	looth .	accurred at	11:00	ALL S	. Also		idi i idsi	sow me de	eceasec
	A. S	11 0	0	An and mar o	leum	occorred di_		ADDRESS (St					above.
	ACTUAL W	I am IV.	(an	rell		m					=)	1./3	/50
L	SIGNATURE /	Will V			M			inica			0.77	4/ 2	177
	PHYSICIAN'S W	illiam P. C	orne	11. M. D.				nal I				ulth	
-							Bet	hesda.	II. M	laryla	and		
27	o. BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	TION (City, I	own, or co	unty)	(State)	
L	BURIAL	APRIL/5/	1959	CALVARY	ME	CHODIST	CH.	CEME	STUA	RTS	DRAFT	, VIRG	INIA
23	FUNERAL DIRECTOR'S			ADDRESS		4		BY REGIST			R'S SIGNAT		
1	VESTUYERAUI	HOME, INCR		the	ING	TON, YA.	DATE A	PR 6	59	arth	w1 2. +	brunt	
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POR STATE HEALTH DEPT.

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TO DEPUTY MEDIC. XAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certification writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your PANAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriof, cremation, or removal, and in day event within 72 hours after death.

V\$. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4591 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Moritagemeric MARYLAND	o. STATE Maryland b. COUNTY More topmery
b. CITY OR TOWN (It outside Orporate limits, write RU) c. LENGTH OF STAY IN 1b and give Garest town)	c. CITY OR TOWN Outside corporate limits, write RURAL and give georest town
Bethesto	X 8035 Park Lane
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
Duburban Hospital	Betherla VES NO 18
3. NAME OF DECEASED First Middle	Lasi 4. DATE Month Day Year
(Type or print) Emma Louise Ker	rshaus DEATH Claril, 14 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HES.
H WIDOWED DIVORCED	Sully 14. 1883 75 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. TRYHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tromemaker . Own Home	marcha USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Kenslaw	alice thereblason.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	IFORMANT Address /
No // 0 /2	we M. Imerie (cousin)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	thesda, Maryland Interval between ONSET and DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hum sedden
4 dQ. / DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause (o), stating the underlying DUE TO	
couse lost. (c).	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
3 tastry operam heart de	NO YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N TO STANDARD THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N LOCAL STERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (E PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour o. m. While Not while	ry, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I took charge of the remains described abo	in hald as Auton District Dist
apinian death resulted fram: Natural causes 🔀. Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE TO Prompher	CHIEF MEDICAL EXAMINER T
SIGNATURE facul / nonthau	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Frank (J. Broschart	DEPUTY MEDICAL EXAMINER 2 4-14-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	(Side)
Burlal 4-17-59 Parklawn Ce	metery Rockville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda 14, M	DATAPR 17'59 Orthun & Kraus

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	2004 TWD R		
		SEAL SHIP A COLUMN	
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	E Director Communication		
		AT PARTY OF THE PA	
to structure of the str		25-71-4 T	

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate ward "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral direction of should be farmed to the Chief Medical Examiner's Office along with farm PM3, Page 5 may be retained far y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH $$_{\rm Reg.\ Dist.\ No.}$

Montgomery	MARYLAND	o. STATE	b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Bethesda	c. LENGTH OF STAY IN 1b D. O. A.	c. CITY OR TOWN (If outside con Washington,		RURAL and give nearest lown) 47 X-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in Suburban Hospital	hospital, give street oddress)	d. STREET ADDRESS 810 Sheridan St	reet, N. V	W. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) AMOS T	UNKS ROB	Lost A. DATE OF DEATH	April xx	Doy Yeor 18, 1959
Mala White	RRIED IEVER MARRIED 8.	DATE OF BIRTH Aug. 5, 1901	Lorest Schoolsballer 5	IFUNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer F	Printer-U.S. Gov		country)	12. CITIZEN OF WHAT COUNTRY USA
James P. Robinson		Louise Tunks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown (If yes, give war or dates of service) Yes	6. SOCIAL SECURITY NO. 17. IN 401-05-6951 M		Address 1757 Chev	y Chase Drive
Conditions. if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Coronary Occlus		SE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN
20c. TIME OF INJURY Month, Doy, Your 20 W	d. INJURY OCCURRED 20e. PLAC	TE OF INJURY (Home, form, 20f. (Citry, street, office bldg., etc.)		{County} (State)
21. I certify that I took charge of the opinion death resulted from: Natura ACTUAL SIGNATURE FRANK J Brosch	e remains described above to a causes . Accident] ER []	Inquiry X, ond in my mined manner DATE SIGNED
120. BURIAL, CREMATION, 22b. DATE THEREOF UT TAITSIT 4/19/59	Prankfort ADDRESS	CREMATORY 22d. LOCA	TION (City, town, or akfort, Ke	county) (Stole)
Robert A. Pumphrey-Be		DATE APR	2 2 15 9	Cathury & Home

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	Kennaky	Printers U. s. Cove	aviner -
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		10000	
	The services of	drawa	orth in Hone of the last
			Co olve transcri

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. FAITH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give freet address) d. STREET ADDRESS 0609 Stote 3 NAME OF Middle DECEASED DEATH (Type or print) 6. COLOR OR RACE 9. AGE Illegears 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. ill ves, give war or dates of service! 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY review Coronary 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTORS CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year 20c. TIME OF INJURY factory, street, office bldg., etc.) Hour p. m. While Not while at work ot work p. m. DIREC ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER should be **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Hines

40 VS. A15ME 5M 2/57

(County)

(Stote)

e. IS RESIDENCE ON A FARM? YES NO

Doy Year 1959 IF UNDER TYPAR IF UNDER 24 HES.

Months Days Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO BE

2). I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my

opinian death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner

DATE SIGNED

22d. LOCATION (City, town, or county) buria Cemetery Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

APR 1 3 '59 ONThur S. Kneed Washington 9. D.C.

PARESTON OF THE CENTRE OF DEATH OF THE OF DEATH OF the same of the sa

FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04594

	4 1	I U	
Reg.	Dist.	No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY montagenery MARYLAND	o. STATE md b. COUNTY monte
b. CITY OR TOWN (If outside corporate fimits, write RURAL ond give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give/nearest town)
Kensington i wk	26 Roderelle
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
3404 Churante Blud	802 Crothers Lane YES NO 12
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Charles Phillip Sates	Mary DEATH april 6 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (IN Joons IF UNDER TYEAR IF UNDER 24 HES.
male white WIDOWED DIVORCED []	12-18-1882 The birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Charles How Breaking offer	manden 0 an e Co
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chas Scherrer	Christing Cristing
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address 4411 Swan St
none more he	ine E. Smith (dayster) Borkende mel
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alas Ta Canala	Two heart talens onset and Death
421.4 DUE TO 0.4	12 m
(Conditions, if ony, which) (b) Chronix Julyale	heer deserve man
gave rise to immediate couse (a), stating the underlying DUE TO	
cause lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
E PRIMART LI OF CONTRIBUTING LI	ofer nature of injury in Part I or Part II of Item 18.)
	E OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	
21. I certify that I took charge of the remains described above	re, held an Autopsy . Inspection . Inquiry . ond in my
opinion death resulted from: Natural causes X, Accident	, Suicide , Homicide , Undetermined monner
1. 0	
SIGNATURE FRANK J. Separhart	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S FI 1 1 F P.	ASSISTANT MEDICAL EXAMINER
NAME (Type) FANK J. Broschert	DEPUTY MEDICAL EXAMINER &
220. BUMAL, CREMATION, 22b. DATE THEREOF 22c TAME OF CEMETERY OR C	CREMATORY 22d, LOCATION (Say, Jown, or county) (State)
2300al 7/7/39 Tron 1100	a Mishington DC
23. POTYERAL DIRECTOR'S SIRSHAFURE ADDRESS	246. REC'D BY REGISTRAR 246. RIGISTRAR'S SIGNATURE
Jawres geo gon Co, JOD-4 St 11	C DAAPR 8 '59 Cithur S. House

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate writing the ward "pending" in pencil in them, 18. Give Pages 1.2, and 3 to the funeral direct should be forward to the Chief Medical Examiner's Office along with form PM2. Page 5, may be retained for TO FUNERAL DIRECTUR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, priar to burial, cremation, ar removal, and in any event within 72 fours after death. VS. AISME 5M 2/57

CARDICAL EXAMINER'S CERTIFICATE OF DRAMS SUPPLIES OF THE PROPERTY OF THE PARTY OF THE THE RESERVE OF THE PARTY OF THE

in by ond 2 filled podod Com puo ottending ā been signed buriol-tronsit hos certificote TO FUNERAL DIRECTOR prior

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4609

CERTIFICATE OF DEATH

04595

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery D.C. MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Silver Spring Washington d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION JOHN SON S NUTSING d. STREET ADDRESS ON A FARM? 616 Powhatan Place, N. W. Colesville Road YES NO DE 4. DATE OF (DEATH NAME OF Middle Year DECEASED (Type or print) April 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthday) Months Days May 13. 1884 WIDOWED IX DIVORCED | 16g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Clerk Times Herald Point of Rocks.Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Franklin Stouffer Unobtainable 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 616 Powhatan Place, NW. INFORMANT John W. Schwier - Washington, D. C. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thrombosis with Rt.hemiplegia mos. DUE TO Hypertensive arteriosclerotic heart disease 2 yrs. Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work _, 19_59that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 8:30 M, fram the causes and an the date stated above. alive an ADDRESS (Street, city or town, style ACTUAL SIGNATURE PHYSICIAN'S A.C. Leonardo NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Burial St. Mark's Episcopal Point of Rocks, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR The S.H. Hines Co. Washington 9.D.C. DATE APR 2 3 '59 arthur & House

PIATO STATISTICAL BOTT All your section of the section of t (基金 なる no to とはは 記載を 対しのなったりを発えますときます。 S somewhat . . A service

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN III autude corp. ole limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V First Middle Doy Ymor DECEASED (Type or print) DEATH 5. SEX 6. COLOROR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE IF UNDER TYEAR NEVER MARRIED IF UNDER 24 HRS. Months Days Hours DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even (Fretited) Rumber - Retired 13. FATHER'S NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2623 Colston Lle 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO V 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20d INJURY OCCURRED JOE. PLACE OF INJURY (Home, form, Month, Doy, Year 20c TIME OF INJURY 20f. (City or town) (County) (Stole) Not while factory, street, affice bldg., etc.) Hour a m of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 20 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Slote) FUNEFAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE VS. A15ME DATE APR 2 7 arthur & Hisian

到一世次从前分至2分至20年的 中国共和国中的20分类的标准设置的 SCAR T VALUE OF THE PARTY OF TH

TO HOSPIT, If ATTENDING PHYSICIAN: The tow required may be reformed to the hospital or attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remayer carbot pages 1 and 2 should be the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

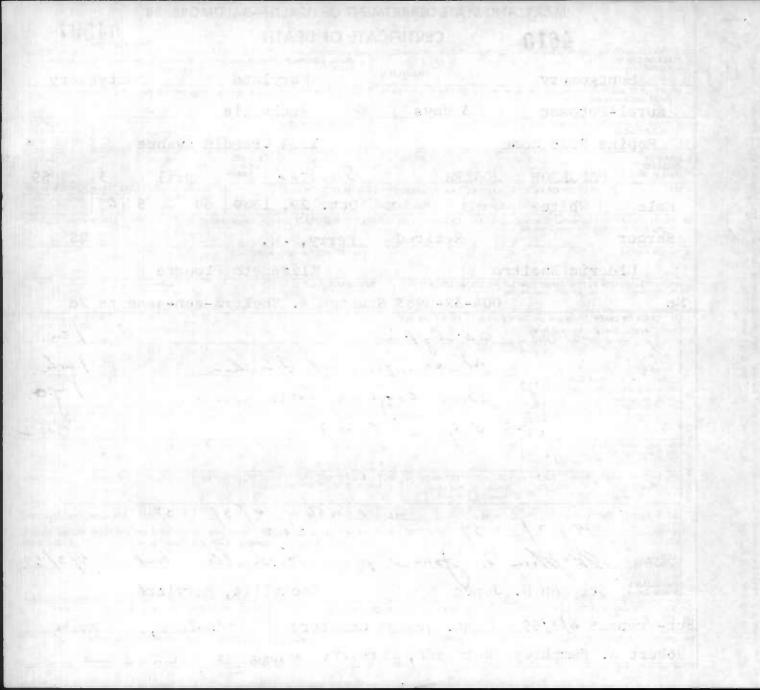
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4610

CERTIFICATE OF DEATH

()4597 Reg. Dist. No.

1. PLACE O	ITY			MAR	YLAND	2. USUAL RESID		_	lived. If in b. CO						
b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest tawn)				c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest to									
-		otomac		3 days		26	Rock	ville							
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION						d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?			
	Ropine Rest Home						1104 Grandin Avenue						YES NO X		
DECEASE	NAME OF DECEASED (Type or print) NAPOLEON JO			Middle OSEPH		Sheltra		4. DATE OF DEATH	April		th D		Year 19 59		
5. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED B	. DATE OF BIRTH			9. AGE (In	years		RIYEAR	-	ER 24 HRS	
Mal	6	White	WIDOWI	ED DIVORCE	DI	Oct.	29,	1889	69	yrs.	Months	Poys	Haurs	Min.	
10a. USUAL	OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS O	OR INDUST			e ar fareign ca	iuntry)		12. CI	TIZEN OF	WHAT	COUNTRY?	
Barber Retired					Perry, N. H.							US			
13. FATHER'	SNAME					14. MOTHER'S	MAIDEN	NAME							
Ulderic Sheltra						Elizabeth Plourde									
15. WAS DE		IN U. S. ARMED FOR		SOCIAL SECURITY NO). IN	FORMANT				Addre	155				
No			00	4-32-098		anton	E. S	heltr	a-sor	n-s	ame				
18. CA	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cosplypia												12	٧,	
16	162.1 DUE TO														
Cond	Conditions, if ony, which) (b) Obsfruction of Frecher											1 wh			
	gove rise ta immediate												1		
	ying cause last. (c) Brunchoguni Carcinomi												1 yr.		
				CONTRIBUTING TO DE	ATH FUT N	NOT RELATED TO	THETERA	MINAL DISEASE	CONDITIO	N GIVE	N IN PA	RT 1(o) 1		AUTOPSY	
CATION	a-5 22 2 C 27.												YES NO Z		
E 20g. AC	CCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature a	f injury in	Part I ar Part	II af item 1	B.)					
₹ 20c. TIM															
		at I attended the		ed fram,		1, 1950		4/3						deceased	
alive	an	4/3/	, 19	59, and that	death	accurred at_	5:25	M, fram	the cause	sano	d an th	ne date	e state	d abave	
		16	0	10			1	ADDRESS (St	reet, city ar	tawn, s	tate)		DA	TE SIGNE	
SIGNA	L TURE	Stoppe	- 1	2. Jones	· N	I.D.	Mo	church	le	n	wel.		4/3	159	
PHYSIC	IAN'S	Stephen N	Jo	nes		P	ocky	ville,	Mars	7 l o	nd				
							CLLV								
REMQ	(AL (Specify)		7	22c. NAME OF CEM				22d. LOCAT			r county)		(Sta		
Bur-1	ur-Transit 4/6/59 St. Joseph			eph								Maine			
	L DIRECTOR'S			ADDRESS		531	24a. REC	D BY REGIST	RAR 24b.	REGIST	TRAR'S S	IGNATU	RE		
Robe	ert A.	Pumphre	v B	ethesda.	Mar	vland	DATE A	nn c 15	0	0.1	1.00 8	16 mil	. 4		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be farm at 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 files.

TO FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to byrial, cremation, ar remayal, and in any event within 72 hourselfer death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 461 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 0 ()

	o. COUNTY	Montgomerv	MARYL	AND	2. USUAL RESIDENCE (Where deceo	b. COUNT			fore admi	ssion)	
1	and give nearest to	Ilf outside corporate limits, write	RURAL	c. LENGTH OF STAY IF	V 16	c. CITY OR TOWN (I	foutside car		RURAL on			wn)
4	d. NAME OF HOSE		f nat in ho	spital, give street address		d. STREET ADDRESS 10225 Capital View Ave. e. IS RESIDE ON A FA						A FARM?
3	NAME OF DECEASED (Type or print)	Roscoe	C.	Middle Smar	t	Lost	4. DATE OF DEATH	April 18		59 Doy		eor
5.	. SEX male	6. COLOR OR RACE white	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED		5/8/1883		9. AGE:(In years labirihday) 9 yrs.	Months	Days	Hours	ER 24 HRS. Min.
1	during most of worl	TION (Give kind of wark or king life, even if relired) "ACTOR"	dane 10b.	KIND OF BUSINESS OR IT retired	NDUSTRY	Ohio	or foreign o	country)	12. CI1		SA	COUNTRY?
1	3. FATHER'S NAME Erin	Smart				Abbie	NAME				-31	
	5. WAS DECEASED I	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.		ormant osp. Record		Address				
	Conditions, if gave rise to imm (a), stating the couse tast.	underlying DUE TO	1st,	2nd and thir upper extrem	itie	S				RT 1(o) 1	1. d	AUTOPSY RMED?
The seament of the se	20c. TIME OF INI 11:4800 21. I certify	ONTRIBUTING D 1. URY Month, Doy, Yea 1. 4/17 19 that I took charge	of the	es caught af INJURY OCCURRED 200 Pork Not while remains described causes [], Accident	ire PLACE foctor above	while burn: Of INJURY (Home, forry, street, office bldg., etc.) home e, held an Autaps	ing tr m, 20f. (City) S sy, li Hamicide	ash in be in the second of the	in]	ard unly) Mont	at h	Md.
2	EXAMINER'S NAME (Type)			chart		DEPUTY MEDICAL	EXAMINER [4/18	3/59			
2	20. BURIAL CREMAT REMOVAL ISPECT SUILER 3. FUNERAL DIRECTO	" april 21.	1959	228, NAME OF CEMETER SUMME WAS ADDRESS CANYU SU N	lerge W.	on Cemelly	D BY REGIST		Coun	/		().

Transfer of Allerta MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	PEATE OF DEATH	CERTIL	*	
J. J				
	1. 5 455			been soled a
	917 81000			
· · · ·	Son; the	-18	Bary	
1, 2, 11	Maryland			
Relient Smith	Fother James			
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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4615 CERTIFICATE OF DEATH

()4602 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAND	o. STATE			lived. If institut b. COUNTY			
b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	11	TOWN (IF	Activity to be a second	te limits, write f		edel	
RURAL ond give ne Gaither			3 vr		kevs		RTIRA		OX	
	At (If not in hospital, g	ive street		d. STREET		LUMI	DURA			IS RESIDENCE
	ethodist	Hom	P						13.8	YES NO
3. NAME OF	Fir		Middle	Lo	st	4. DATE	Mor	nth	Doy	Year
(Type or print)	Sarah		Marion	Smi	th	OF DEATH	1	nr.	6	1950
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9	. AGE (In years	IF UNDER	I YEAR IF	UNDER 24 HRS
Female	White	WIDOW	ED- DIVORCED	Feb.	19	1861	lost birthday)	Months	Days	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work o	done 10b.	KIND OF BUSINESS OR INDU		LACE (Stote			12. CIT	IZEN OF	WHAT COUNTR
Housew		'		TVI.	arvl	and		TI	SA.	
13. FATHER'S NAME				14. MOTHER'S					.)A	
Graft	on B. Cri	st			Emil.	v T M	lichael			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1 Hillian E	y el a		dress		
no	If yes, give war or dates of s	ervice)	_none.	Asbury	Metho	odiat	Home	Cait	10000	Janana M
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]		* * * * * * *	4	10115	With It	INTER	VAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	10/	Ihand Una	enter.	Acre	-1/3	A		ONSET	AND DEATH
33/X	DUE TO				7	11 6				
Conditions, if an	y, which)	pa	applies mond	tach	INA.	, olen				
gove rise to in		1	7 6	0	1,000					
tying couse lost.	ne <u>under-</u>	R	Vilmonia	-6-						
PART II. OTH	ER SIGNIFICANT CON	DIMONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS AUTOPSY
AT		7							,	PERFORMED?
PART II. OTH PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING [20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in	Part I or Port I	l of item 18.)			- [] []
	MEDICAL EXAMINER)									
20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	1	NJURY OCCURRED 20e. P	LACE OF INJURY	Home, form	n, 20f. (City o	r town)	(0	County)	(State
Hour o.m.	19	While of wor	Not while	octory, street, offic	e bldg., etc	:.)				
	at I attended the	decens	ed from 3-20	1957	7 to L	1-5	10.5	74-41		the deceas
alive on Off		10	5-9, and that deat			PM from				
and on significant	f A	, '/	e, and mar deam	i occorred di			et, city_or town,		ne dare	DATE SIGN
ACTUAL SIGNATURE	or h go	1	1/10 11-	un 17110	25 1	1	Sa	,		41-5-01
	•		- 1	M.D	Consi-	Carrie	- Sales Sales	/		
PHYSICIAN'S NAME (Type)	Darah E	. (rlover			in in	21-11-8	-		
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATIO	ON (City, town,	or county)		(State)
RENOVAL (Seedly)	4-8-59		Good Shep					litv.		N. d
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'	D BY REGISTRA		STRAR'S SIC	SNAFURE	1,66
Ernest	C. Gartn	er.	Gaithersbur	g. Md.				Irthur a		AA

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	an where we are a second or second or second
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VS A15 (4) 1SM 10/S7

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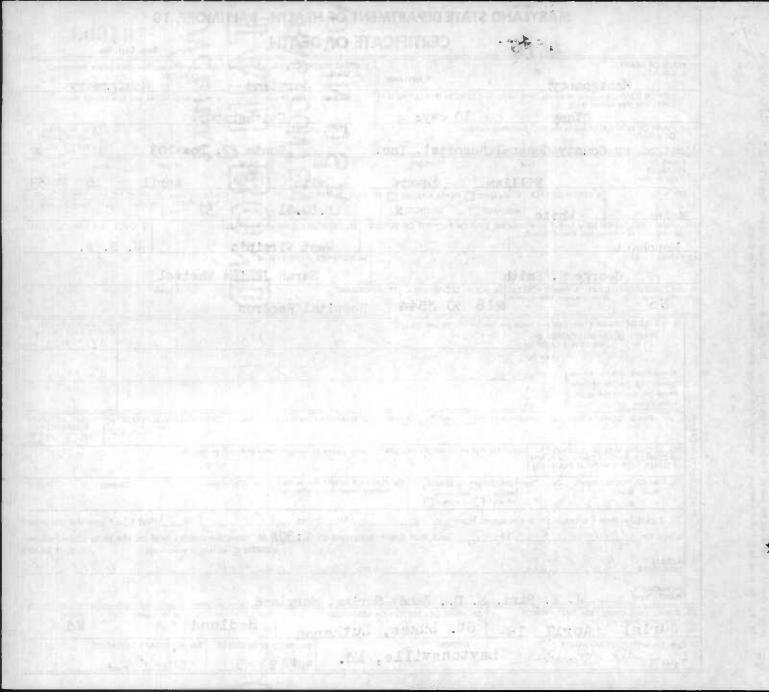
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Late

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	-0.1	~						Meg. D	131. 110.	
1. PLACE OF DEATH o. COUNTY	. 4		MARYLAND	2. USUAL RES			lived. If instituti		nce before o	odmission)
Mor	ntgomery				Mary			Mon	tgome	ry
RURAL ond give n	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write R	URAL ond	give neares	t town)
	Olney	4	10 days	X	G	aither	sburg			
OR INSTITUTION	TAL (If not in hospital, gi			d. STREET						S RESIDENCE ON A FARM?
	County Gene	eral	Hospital, Inc		R	oute #	2, Box 1	03	Y	ES NO DO
3. NAME OF DECEASED (Type or print)	Firs	ı lliam	Middle	lo		4. DATE OF DEATH	Mon		Day	Yeor
5. SEX			Edward ED NEVER MARRIED	8. DATE OF BIRT	ith		-	ril	16	19 59
Male	White	WIDOWE			10.01		9. AGE (In years lost birthdoy) 57 yrs.	Months		OUTS Min.
10a. USUAL OCCUPATION	ON (Give kind of work d	lone 10b. I	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CI	TIZEN OF V	VHAT COUNTRY?
during most of wor	king life, even if retired)			2000						
Merchant 13. FATHER'S NAME						rginia		U.	S. A	•
				14. MOTHER'S	S MAIDEN N	NAME				
	eorge H. Smi				Sarah	Jemim	a Whetze	1		
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
(Yes, no. pr_unknown)	(If yes, give wor or dates of se	21	.8 30 3544	Hospit	el Re	corde				
IR CAUSE OF DEA	ATH [Enter only one cou	de est lie		HODDIO	ar he	COLUB			1	
	TH WAS CAUSED BY:	se per im	e (a), (b), ond (c).]			(1)				AND DEATH
100	IMMEDIATE CAUSE (0)		Cocci	noon	2d	ya	none	1	10	mo
10/X	DUE TO	0	1		7	1	/			
Conditions, if o	ny, which) (h)	We	elmon	nest	ms	las	Deisin		601	man
gove rise to i				1						0.00
lying couse lost.	the under-									
	YER SIGNIFICANT CONF	OITIONIS CO	ONITRIBUTING TO DEATH BU	T NOT BELATED TO	O THE TERM	IN A A DICEACE	COLIBITION			
OF 1	HER SIGNIFICANT CONE	JIIIONS CO	ONTRIBUTING TO DEATH BU	II NOI KELATED IC	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAR	P	ERFORMED?
O ACCIDENT WA	I I OLUMNIA III	201 0555	DIRE HOW IN HIS OCCUPA						YE	S NO
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	RIBE HOW INJURY OCCURR	tD. (tnier noture o	of injury in I	Port I or Port	II of item 18.]			
	Y Month, Day, Yea	20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY	(Home, form	n, 20f. (City	or town)	(County)	(Stote)
Hour o.m.	19	While	Not while	actory, street, offic	e bidg., etc.	i.)				
			10/11	/	- :	1///		-5		
21. I certify th	at lattended the	decease	ed from 4/ 6/	19.55	L, to_4	1-1-6/	, 19_5	Zithat I	last saw	the deceased
alive on 4/	15/29	_, 19	, and that deat	h occurred at	2:30	A.M. from	the causes o	ind an t	he date	stated above
1	Man 1	1		1			reet, city or town,		/	DATE SIGNED
ACTUAL	41/10				0000	8	A.		1111	6150
SIGNATURE	111	V		_M.D.		7	J. W. Le		-7/1	7-2-7
PHYSICIAN'S NAME (Type)	J. W. B	rd.	M. D. Sandy	Spring	Mamrle	/ /		/	1/	
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY				ION (City, town,	or county)		(Ca-a-)
Burial	A	18	St. Lukes			Red	land			(Stote) Md
23. FUNDERAL DIRECTOR		10	ADDRESS	Luther						
S. TORRECTOR	Band	I.	aytonsville	Ma	240. REC'	D BY REGISTI	RAR 246. REGIS	STRAR'S SI	GNATURE	
May	Oww.	_	-2 compartite	, with	DATOR	21 '59	arth	un 8 to	Carolin.	



1 ther this certificate has been signed by the attending physicion and campletely filled in by the set for use as the burial-transit permit. Then please emave carbon papers. Pages 1 and 2 should be, cremation, ar removal, and in surveyent within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4617

CERTIFICATE OF DEATH

()461)4 Reg. Dist. No. 215

	1. PLACE OF DEATH a. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE District of		1	on: Residence b	efore admiss	ion)
	b. CITY OR TOWN (If outsi RURAL and give negrest	de corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate	limits, write R	URAL ond give	nearest town	1)
	Bethesda (Ru	ral)	159 days	Washington		4'	7x-3		V
	d. NAME OF HOSPITAL (IF OR INSTITUTION U. S. Naval	not in hospitol, give street of Hospital	address)	d. STREET ADDRESS 2310 Ashmet	ade Plac	e			FARM?
	3. NAME OF DECEASED (Type or print)	First Harold	Middle Eugene	Lost SNOW	4. DATE OF DEATH	Mon			Year 1959
			IED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YE		
		ucasian widowe		6-8-89		last birthday) 69 yrs.	Months Day		Min.
	10a. USUAL OCCUPATION (G during mast of working lif U. S. Navy	re, even it retired)	KIND OF BUSINESS OR INDU Military	STRY 11. BIRTHPLACE (Stoke New Yor		try)		S. A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
ij	Eugene SNOW			Julie RO	MING				
	15. WAS DECEASED EVER IN L (Yes, no. or unknown) (If ye). Yes 7/1	J. S. ARMED FORCES? 16. J. S. ARMED FORCES? 16. J. S. ARMED FORCES? 16. J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT I) Anita F. S	now, san	Addi			
)	Conditions, if ony, we gove rise to immed couse (o), stoling the unlying couse lost. PART II. OTHER SIG	DUE TO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CO	ONDITION GIV	EN IN PART 1(o	PERFO	AUTOPSY PRMED?
	PART II. OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBU	DERLYING THE AUSE OF DEATH CAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port 11	of item 18.)		روس	(O)
	20c. TIME OF INJURY Me Hour a. m. p. m.	onth, Day, Year 20d, IN While 19 at work	Not while fac	ACE OF INJURY (Home, formationy, street, office bldg., etc.	m, 20f. (City or	tawn)	(Coun	ty)	(Stale)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	125 nuchan,	R.	accurred at 8:17 M.D. U.S. Na Bethesda	A M, from to ADDRESS (Street Val Hosp	he causes a l, city or town. Dital,	and an the costate)	date state	deceased abave
	220. BURIAL, CREMATION. 22 REMOVAL (Specify) Cremation	4-7-59	22c. NAME OF CEMETERY O		Suitlar			(Stote arylar	
	Jos. F. Birch Fu		3034 M St., NW,	Wash DC 240. REG	RBY BREGISTRAF		TRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after de may be retained by VS A15 (4) 15M 10/57

page 3 should be derached for use as the burial-transit permit, the registrar priar to buriol, cremotion, ar removal, and in fany

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A LAND				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	
may be retained by the assistance of attending physician. TO FUNEMAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the filled director. The content of the content of the true of the buriel transit permit. Then along service could be described for use of the buriel transit permit.	1
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.	-

VS A15 (4) 15M 10/57 051

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

()46U5 Reg. Dist. No. 215

	4618	<u> </u>	712 01 0271			Reg. Di	st. No.	215
1. PLACE OF DEATH o. COUNTY Montgomer	y	MARYLAND	2. USUAL RESIDENCE (V o. STATE Virginia	Vhere decease	d lived. If institution ATLINE		ce belore	admission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give neare	st fown)
Bethesda	(Rural)	50 days	Arlington			83	X-3	3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			1,5		IS RESIDENCE
U. S. Nav	al Hospital		3114 9th R	oad N.				YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	Helen	Mary	SOUTHERLAND	DEATH	Apı	cil	8	1959
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		F UNDER 24 HRS
Female	Caucasian widow		7-30-73		85 угз.	Months	Days I	Hours Min.
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work dane 10b	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stot	e or foreign c	country)	12. CIT	IZEN OF	WHAT COUNTR
Housewife			Virgini	a		U	.S.A.	
3. FATHER'S NAME		MEGALINI SAN	14. MOTHER'S MAIDEN	NAME			11 15	
Thomas F.	CHAPMAN		Virginia	ALEXAN	DER			
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress		
No		(S) Thomas C. S	outher	land, sar	ne as	#2 a	above
PART I. DEA 332 × Conditions, if o gove rise to in couse (a), stoting lying cause lost.	mmediole (erebrovas Anterioscle	rosis (gar	ieral	Thrombo 13ed)		20	yal BETWEEN I AND DEATH MOTH IS
ICATÍ	140	1003tatic T	neumonia			EN IN PAR		PERFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Year 20d. While at wa	rk Ot while	LACE OF INJURY (Home, for octory, street, office bldg., e	tc.)			County)	(Stote)
actual SIGNATURE	at I attended the decease 1 7	1) and that deat	h occurred at 1:02A M.D. U.S. Na Bethesda	M, from	n the causes a treet, city or town,	ind on th	he date	the decease stated abov DATE SIGNI -8-59
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY O			TION (City, town, c		77-1	(Stote)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGIST				TETHIA
	1 Home. 2847-W		ington Vand	1 0 '59	avih	M 8. T		

THE WHOLE IN THE PROPERTY OF THE PROPERTY OF THE CHELLY SEED.

FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral direction as the form the form PM3. Page 5 may be retained for filles.

4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

461 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04606 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MON'	TGOMERY	MARYLAND	2. USUAL RESIDENCE (V	Where deceased livery LAND	b. COUNT		efore odm TGOME		
b. CITY OR TOWN (if eutside corporate form) SILVER		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate		RURAL ond give	nearest to	wn)	
d. NAME OF HOSPITAL OR INS	TITUTION (If not in hos	pitol, give street oddress)	ON AVENUE					ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	LOUIS (LU	Middle [GI) T. (A) SPA	LOST LDARO	4. DATE OF DEATH	Month APR			60r 59	
	R OR RACE 7. MARRIE	NEVER MARRIED 8.	7/25/94	9. At tos	GE (In years I birthday! 64 yrs.	Months Days	Hours	ER 24 HRS. Min.	
10c. USUAL OCCUPATION (Give k during most of working life, eve BARBER	n if raticad)	IND OF BUSINESS OR INDUSTI RBER	ITALY	or foreign country	r)	12. CITIZEN C		COUNTRY	
13. FATHER'S NAME SALVATORE SPAD	ARO		14. MOTHER'S MAIDEN N PAULO LAG			A			
15. WAS DECEASED EVER IN U. S. [1906, no. of enknown] [If yes, give NO	ARMED FORCES?	579-01-1481 Mrs	Theresa M.	Spadaro		10th Av			
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO (c)_ ICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO HOW INJURY OCCURRED. (EA	0 de				19. WAS PERFO		
20c. TIME OF INJURY Men Hour o. m. p. m.									
opinion death resulted	fram: Natural c	emains described obover auses X. Accident [_	Hamicide		rmined mann	_		
720. BURIAL, CREMATION, REMOVAL (Specify)		72c. NAME OF CEMETERY OR C	CREMATORY	22d. LOCATION		County,	(Stote	e)	
23. FILMERAL DIRECTOR'S SIGNAL Sammond	HREY, INC.	SILVER SPRIM	NG, MD. 240. REC'I	PR 2 '59	-	Lithur S. Kr			

THE COLD THE ACT OF THE ACT OF THE COLD The contraction of the contracti Appropriate Contract States Contract States Contract Contract States Contract Contra . II. Williams and the liberty Administration of the second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4620

CERTIFICATE OF DEATH

04607

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Montgomer	·v		MARY	LAND	2. USUAL RESID		ere deceased	lived. If institution b. COUNTY Mont	on: Residence		nission)
	b. CITY OR TOWN (IF RURAL and give need	outside corporate limits,	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpor	ote limits, write R			own)
-	Bethesda	AL (If not in hospital, giv		4 days		^ Bethe						
	OR INSTITUTION					d. STREET AL					e. 15	RESIDENCE A FARM?
	The Clini	cal Center	, Bet	thesda 14,	Md.	6716	Selki	rk Cou	rt		YES	□ NO 🔯
3.	NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	Winst	on	Bryan	nt	Stephen	s,Sr.	DEATH	Apri	1	5,	19 59
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D	B. DATE OF BIRTH	1	1	9. AGE (In years			IDER 24 HRS.
L	Male	111111111111	WIDOWE			December			lost birthday) 70 yrs.	Months 1	5 Hou	rs Min.
100	during most of worki	N (Give kind of work do ng life, even_if retired)	ne 10b. I	CIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY?
		te Salesman	n	Real Esta	ate		Flo	rida			U. S.	. A.
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Winston S					3= 10	Amy	Gasto	n			
15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. S	SOCIAL SECURITY NO	. 17. IN	FORMANT Th	e Med	ical R	lecord Addr	ess		
	Yes	WW I		ot availab					, Bethes		Mary	land
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line	e for (o), (b), and (c).								BETWEEN
	BART I DEAT	HANNE CAUSED BY	0			:		11.7	21.	11.	ONSET A	ND DEATH
П	410 X	IMMEDIATE CAUSE (o)_	140×	TE STANCES,	5 7	NSUFFIE	152000	10116	PAL INSU	frenous	-	
	7,10	DUE TO	21	. /- /	,	/ / .						., _
	Conditions, if on gove rise to im		17 11	Zunstic 11	EAR	t dise	A5 4	_			MORET	MN 150
	couse (a), stating th									34 60		
	lying couse lost.	(c)_										
ON N	PART II. OTHI	ER SIGNIFICANT COND	TIONS CO	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY FORMED?
14	1.75 1.74 1.55											NO D
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	Ob. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of	injury in P	ort I or Port	II of item 18.)			
3	20c. TIME OF INJURY	Month, Day, Year	20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, form.	20f. (City	or town)	ICo.	unty)	(Stote)
MEDICAL	Hour a.m. p. m.	19	While of work	Not while of work	foct	lory, street, office	bldg., etc.)		(00	oy,	(Sible)
	21. I certify the	at I attended the a	decease	d from Apri	11	10 59	, ta	April	5 , 19 59	that I la	at amus th	- d
		ril 5	1959	9	J 41			P	the causes o	_,indi i id	21 20 W 11	ie deceased
1	dilve oil	^ ^	172	ond that	deoin	occurred at_			the causes of eet, city or town,		date st	
	ACTUAL C	0/2 //	16	T ONI)						1.	DATE SIGNED
	SIGNATURE	our 4.	Va	No, 111 K	N N	A.D			al Cente			-6-59
1	PHYSICIAN'S							0	institute		Health	1
	NAME (Type)	John A. Oat	es,	M. D.			Beth	esda 1	4, Maryl	and		
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF		22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ON (City, town, o	r county)	(S	tote)
C	remation	4-10-59		Cedar Hi	11	Cremato	rv	Suit	land.	Marvl	and	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTR	-	TRAR'S SIGN		
R	obert A.	Pumphrey	, Be	thesdal4	, M	aryland	LOATAPR	7 '59	Call	un 8 16	inua	

. . . 41 000 brille and the little The Control of the Co

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary please execute the certificate withing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 shauld be forwed to the Chief Medical Examiner's Office along with form PM3. Page 3 that for the Chief Medical Examiner's Office along with form PM3. Page 3 that for for the Chief Medical Examiner's Office along with form PM3. Page 5 that State Board of Health, are funeral arrived and its designated agent, prior to burial, cremation, or removal, and in any event within (20 with the State Board of Health,

VS. A15ME 5M 2/57

FOR STATE

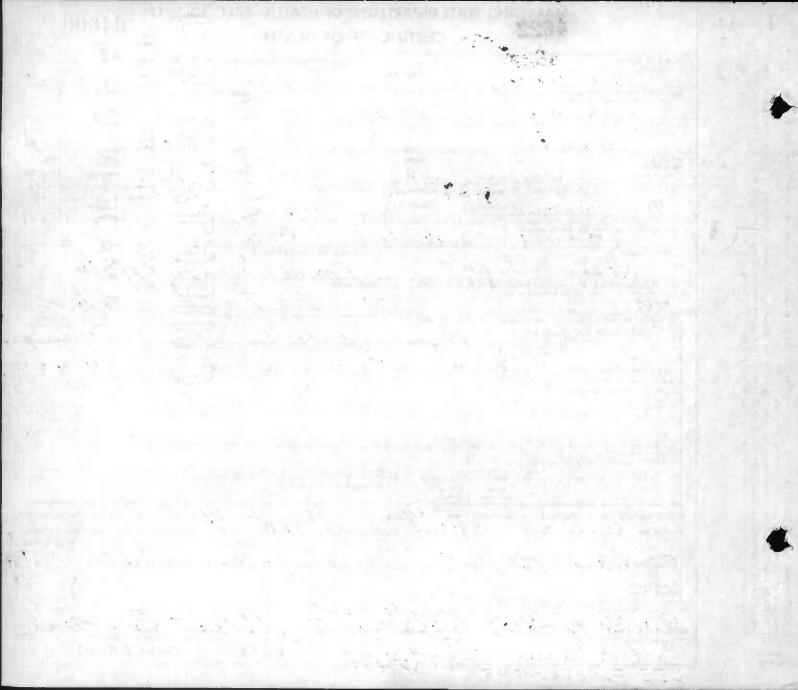
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4621MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04608

Reg. Dist. No.

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	-	mosity mary MARYLAND	o. STATE mel b. COUNTY morte						
7	b	CITY OR TOWN III outside corpg ate timits, write RUAL C. LENGTH OF STAY IN 1b and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)						
1		monorovia - R-1	Monrova R-1						
,	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEN						
X		Gerden Rd - Mr. Damescur	Vurden Rele, Mr Vanari YES 10 NO 1						
ы	3. [NAME OF PIESE Middle Middle	Lost 4. DATE Month Doy Year						
	-	Type or print) Michael Educad Ille	veus DEATH ag 3 1859						
	5. \$	0.1	DATE OF BIRTH 9. AGE (In for Seat birthday Months Days Hours Min.						
15		male white WIDOWED DIVORCED	eng. 21 1983 15 yrs.						
	10a	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRUCTION OF BUSINESS OR INDUSTR	RY 1V BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		Student	Wash, DC M-S, a						
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
4	16	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. IN	Glorgia Belle Hagerman						
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no. or unknown) (If you, give wor or doles of service)	FORMANT Address						
		192	orgin (Melvens (Mother) Jun 2						
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
100		935 IMMEDIATE CAUSE (0) Uspuncen	Sudden						
1		DUE TO							
		Conditions, if ony, which gave rise to immediate cause (b)	hor						
		(a), stating the underlying DUE TO							
	7		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY						
0	CERTIFICATION	Fracture lift mandible	PERFORMED?						
	TIFIC	20g. EXTERNAL CAUSE WAS 28h DESCRIBE HOW INJURY OCCURRED IN	nter nature of injury in Part I or Part II of item 18.)						
		PRIMARY OF CONTRIBUTING Driver of tractice when	it upset + fell across nech + face						
	CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State) gy, street, office bldg., etc.)						
5	MEDI	dila a la	form Sanascu monto ma						
		21. I certify that I took charge of the remains described objective.							
		opinion death resulted fram: Natural causes . Accident	Suicide , Hamicide , Undelermined manner						
		1 1	DAYF CICALIED						
		SIGNATURE Though I Inschart	_M.D. CHIEF MEDICAL EXAMINER						
2		EXAMINER'S P. A. A. T. D.	ASSISTANT MEDICAL EXAMINER						
74		NAME (Type) + ANK J, Droschart	DEPUTY MEDICAL EXAMINER 7						
		BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR							
2		Burial 4/6/59 Fort Lin							
1	23.	Chin L. Wolswoth Damascus	Md. DATEAPR 7 '59 Carthury S. Kraug						
	_	Color C. Trucker	DATEMIN						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by capital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the instance of director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers: Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4623

CERTIFI	CATE	OF	DEAT	Ή

() 461() Reg. Dist. No. 215

Montgomery		MARYLAND	2. USUAL RESIDENCE (V o. STATE Virginia	Where deceased	b. COUNTY		ore admis	ion)		
b. CITY OR TOWN (If outside corporate	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corpor			arest tow	1)		
RURAL and give nearest town) Bethesda (Rural)		8 days	Arlington		83	3x-3				
d. NAME OF HOSPITAL (If not in hospi	itol, give street	oddress)	d. STREET ADDRESS			- Stand	e. IS RES			
U. S. Naval Hospi	tal		400 S. Abi	ngdon S	St.			PARM?		
3. NAME OF DECEASED	First	. Middle	Lost	4. DATE OF	Mont	h D	ay	Year		
(Type ar print)	David	Walter	THOMAS	DEATH	Apri	1 1	7	1959		
5. SEX 6. COLOR OR R.		HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Doys	-			
Male Caucasia	an widowi	ED DIVORCED	5-16-36	7	22 yrs.	Months Doys	Hours	Min,		
 USUAL OCCUPATION (Give kind of valueing most of working life, even if re 	work done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Sto	te ar foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY		
Student	emed)		Takoma.	Washir	ngton	U.S.	. A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN		2001	0.0				
Hunley E. THOMAS			Emma DEAK							
IS. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess same	as	#2		
(Yes, no or unknown) (If yes, give wor or dat	res of service)	53-46-6693 (H	C) Capt. Hunl	AVE 9	homae II			11-		
1B. CAUSE OF DEATH [Enter only o		73 14-) oap or man	V	per under		ERVAL BI			
PART I. DEATH WAS CAUSED IMMEDIATE CAU		onchopnium	inia_Blate	rel pr	sallyvi		SET AND			
Conditions, if ony, which)	(b) a	cute pulm	may eller	un						
gave rise to immediate DUE TO										
lying cause lost.	(c)									
PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING IN CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMIN		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVI	EN IN PART 1(o)	PERFC	AUTOPSY PRMED?		
	ATH	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury i	n Port 1 or Port	11 of item 1B.)					
3 20c. TIME OF INJURY Month, Doy,	Year 20d. 11 While		LACE OF INJURY (Home, fo	rm, 20f. (City	or town)	(County)	(State)		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	19 of wor	TAGE MILLS	acidity, sincer, diffice blug., e	PIC.)						
	19 of wor	k ot work			719_59	that I last s	ow the	decease		
21. I certify that I attended	19 of wor	k ot work code of from April 9	, 19 <u>.59</u> , to	April 1						
	19 of wor	k ot work code of from April 9		April 1		nd on the do	ote stat	ed above		
21. I certify that I attended alive on April 17	19 of wor	k ot work code of from April 9	, 19 <u>59</u> , to h accurred at <u>10:0</u>	April 1	the causes a eet, city or town, s	nd an the do	ote stat	ed above		
21. I certify that I attended alive on April 17	19 of wor	k ot work code of from April 9	, 19 <u>59</u> , to h accurred at <u>10:0</u>	April 1	the causes a	nd an the do	ote stat	ed above		
21. I certify that I attended alive on April 17 ACTUAL SIGNATURE PHYSICIAN'S	19 of wor	ed from April 9 52, and that death	, 19 <u>59</u> , to h accurred at <u>10:0</u>	April 1 OAM, from ADDRESS (SH	the causes a reet, city or town, spital,	nd an the do	ote stat	ed above		
21. I certify that I attended alive on April 17 ACTUAL SIGNATURE PHYSICIAN'S DETOME A. 220. BURIAL CREMATION, 226. DATE TH	the deceas 19 of wor the deceas 19 GOLD,	ed from April 9 52, and that death	, 19 59, to h occurred at 10:0 M.D. U.S. N Bethesd	April 1 OAM, from ADDRESS (Sh aval Ho	the couses of the couses of the couses of the couses of the course of the couse of the couse of the couses of the couse of the couses of the couse of the couses of the couse of the couse of the couse of the couses of the couse of the couse of the couse of the couses of the couse of	nd an the do	ote state	ed above ATE SIGNED 7-59		
21. I certify that I attended alive on April 17 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Jerome A. 220. BURIAL (REMATION, 12b. DATE THE PERMONEL (SEMATION, 12b. DATE THE PERMONEL (SEMATION), 12b. DATE T	the deceas 19 of wor the deceas 19 GOLD,	ed from April 9 59,, and that death LT, MC, USN	, 19 59, to h accurred at 10:0 M.D. U. S. N Bethesd DR CREMATORY	April 1 OAM, from ADDRESS (Sh aval Ho	the causes a eet, city or town, sospital, aryland ION (City, town, o	nd an the do	pote state D L1-1	ed above ATE SIGNED 7-59		

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New Year			man and the man and the control of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by caspital or attending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the call director, page 3 shauld be detected far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter death.

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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

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- 5 3	64	1 3	- 1	
()	-3.	U	4	

		4624		CEKI	IFICAI	E OF DEAT	п		Reg. Dis	t. No				
	1. PLACE OF DEATH o. COUNTY Montgome:			MAR	YLAND 2	USUAL RESIDENCE (V STATE District o		h COUNTY	on: Residen	ce befo	ore admiss	sian)		
	b. CITY OR TOWN (I RURAL and give no	f autside corporate limits,	write	c. LENGTH OF STAT	IN 1b	c. CITY OR TOWN (IF	autside carpo	orate limits, write R	URAL and g	jive ne	arest lawr	n) 1		
l	Bethesda			106 days		Washington			47×	- 5				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street	address)		d. STREET ADDRESS			-		e. 15 RES	IDENCE FARM?		
	The Clin	thesda 14,	Md.	621 -14th	Street	. N. E.				NO 🔀				
ĺ	3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mon	th	Do	ру	Year		
	(Type or print)	Julius	3	Russel	1	Thornton	OF DEATH	App	ril 30),		19 59		
Ī	5. SEX 6. COLOR OR RACE 7. MARRIE			HED T NEVER MARR	ED 8. 0	ATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.		
	Male	Negro	VIDOWE	DIVORCE	0 1	farch 5, 18	95	last birthdoy)	Months	Days	Hours	Min.		
Ī	10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign c	country)	12. CITI	ZEN C	F WHAT	COUNTR		
	Laborer	ang me, even n vented)	U	. S. Gover	nment	Missouri	TO SEE		U.	S.	. A.			
ĺ	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN								
	Thomas T	hornton			Sarah Le	wis								
		R IN U. S. ARMED FORCE	57 16.	SOCIAL SECURITY NO). 17. INFO	7. INFORMANT The Medical Record Address								
	No	to Anna Mara and Or Other of Ferv		ot availab		ne Clinical				1. P	laryl	and		
	18. CAUSE OF DEA	TH [Enter only one cous	e per lir	ne for (a), (b), and (c)						INT	ERVAL BE	TWEEN		
l	PART I. DEA	TH WAS CAUSED BY:	Car	cinoma of	Lung					ION:	ears	DEATH		
ı	163X	DUE TO												
	Conditions, if a	ny, which)												
	gove rise to in	mmediate (+		-		
	lying cause last.	(c)_												
ı	Z PART II. OTH	IER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	9. WAS	AUTOPSY		
	PART II. OTH										PERFO	RMED?		
	20a. ACCIDENT WA	S UNDERLYING 20	b. DESC	CRIBE HOW INJURY O	CCURRED. (I	inter noture of injury in	Port I or Por	t II of item 18.)			ica M	140 🗆		
	OR CONTRIBUTING	MEDICAL EXAMINER)												
	T 20c. TIME OF INJURY	Y Month, Day, Year	20d. IN	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, for	m, 20f. (City	or town)	IC	ounty)		(Stote)		
	20c. TIME OF INJURY Hour a.m. p. m.	19	While	Not while of work	factory	, street, office bldg., et	(c.)		,,	,,		(5,0,0)		
		4.1 AV 1.1AL 1			2007 7 }	, 1959 , to A	nmil 2	0 50		-				
	alive an Apr	at I attended the d	ecease											
	alive an Apr	<u> </u>	, 192	Z_{-} , and that	death ac	curred at 10:25				e da				
	ACTUAL OF		41	2		The Clinic		treet, city or town,	state)			ATE SIGNE		
	SIGNATURE_OU	onorel _	7 7	avan	M.D	The Clinic				7.13	1 -	-59		
	PHYSICIAN'S NAME (Type)	eonard Garre	en,	M. D.		The Nation Bethesda 1			oi Hea	ALTI	1			
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	NA.	22c. NAME OF CEM	ETERY OR CE	REMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote	e)		
	Burial	5.5.59		Mt. Olive	et Cem	sterv	Was	hington.	D.C.					
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			'D BY REGIST		TRAR'S SIG	NATU	RE			
	Robert G.	McGuire 18	20, 9		W.	DATE	Y 4 '5	9 0-2	tun &	4				
-		W	asmi	ngton, D.	-	T DIE	7 0	1.4.753	TALL A	المعلل	4			

THE ST CHOM THAT - NEATHER TO THE WITE A SEC CHAPTER A Seines Ph Market Company and the mark the company of the comp page 3 shauld be delected for use os the burial-transit permit. Then please remaye carban papers, the registror priar to buriol, cremation, or remayal, and in ony event within 72 haurs ofter death.

TO FUNERAL DIRECT
page 3 shauld be dete

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4625

CERTIFICATE OF DEATH

04612

		-
Reg.	Dist.	No.

1.	o. COUNTY Mont	gomery	RYLAND	a. STATE	arvla	9	d lived. If institut b. COUNTY						
	b. CITY OR TOWN (I	f outside carporote limi	ts, write	c. LENGTH OF STA	Y IN 1b		- U		rote limits, write I			Geor	
	Bethesda			112 da	ays	Seat			16	X-2	g. o ne	oreal town	'1 V
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS			III.		e. IS RES	
L		cal Center,	Bet	hesda 14.	Md.	601 6	4th S	treet					FARM?
3.	NAME OF DECEASED	Fir	st	Midd	le	los	1	4. DATE	Moi	nth	Do	lv '	Yeor
L	(Type or print)	Vince		Joseph		Tomardy		OF DEATH	Apri	1	27	•	19 59
5.	SEX	6. COLOR OR RACE	7. MARR	HED MEVER MARE	RIED 🔲	B. DATE OF BIRTH	Н		9. AGE (In years last birthday)			IF UNDE	R 24 HRS.
L	Male	White	WIDOWI			January		1923	36 yrs.	Months	Doys	Hours	Min.
10	during most of work Training	ON (Give kind of work of king life, even if retired)		S. Weather					Columbi		U.S		COUNTRY
13	. FATHER'S NAME				200	14. MOTHER'S			. OOLUIND	- 64	0.0	.13.	
	Paul Tomar	dv				Rin	a Mul	cherne					
15	. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17. 11				Record	ress			
{Y	Yes	If yes, give wor or dates of s	ervice)	577-26-908					Bethese		M		
F		TH [Enter only one ca	use per lir		7	TO OLLINE	car o	enoer '	Decliesc	1d 14.		rylai	
		TH WAS CAUSED BY:	T	Bronchial		noma. Me	etasta	ases:	Mediasti	nal	ONS	ERVAL BE	DEATH
	1621	IMMEDIATE CAUSE (o		Bone, Adre							-	1101101	. ID
	Conditions, if or	w which \						•					
	gave rise to in	nmediate (
	lying couse lost.	the under-											
Z		ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	/FN IN PAG	T 1(a) 1	9 WAS	ALITOPSY
ATE	10 10 10 Inc.								2 20110111011	EI G II G I CON	(0)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRED). (Enter noture of	Finiury in P	ort Lor Port	II of item 18.1			LES IX	NO 🗌
CER	OR CONTRIBUTING	CAUSE OF DEATH											
3	20c. TIME OF INJURY	Manth, Doy, Yea	or 20d. IN	NJURY OCCURRED	20e. PLA	CE OF INJURY (lome, form,	20f. (City	or town)	-	County)		(State)
MEDICAL	Hour a.m.	19	While	Nat while	foc	tory, street, office	bldg., etc.)			20011177		(sidie)
2				Tomas	a ry	5 10 59	Λ~	; ;	7 50				
	Ama	at lattended the	decease	90) I I Z	7	that I	last so	w the	deceased
	alive on		19 -	,-, and tha	t death	accurred at:	TO : TO	M, fran	the causes o	ind on t	he da		
	ACTUAL	0	1		2. 0	m _b			reet, city or town,	state)	1 /	DA CO	TE SIGNED
	SIGNATURE	maa	- 1	arren,	m. P.				Center		4/	21/5	9
	PHYSICIAN'S LE	ONARD GARR	EN, 1	M.D.			thesda	- 4	itutes o Maryland	I Hea	1th		
220	BURIAL CREMATION	4 - 30	1459	22c. NAME OF CEA	AETERY OF	CREMATORY/A	ach oc		TON (City, Idwn,	or county?	e	(Stote)
23.	FUNERAL DIRECTOR	SIGNATURE /		ADDRESS	0	20/1	24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIG	GNATUR	E	
	1/ much	Haulo	u .	3831 84	u	1111	DATE A	PR 2 9	'59 (Irthun .	8. th	AUA	

NAME AND ASSESSMENT OF PARTIES AND ASSESSMENT OF PARTIES ASSESSMENT OF PARTIES AND ASSESSMENT OF PARTIES ASSES the contraction of the contracti

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4696

CERTIFICATE OF DEATH

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	- 204								44	A. DIR. IA	10,	
1. PLACE OF DEATH a COUNTY Montgomer	у		MARYL		USUAL RESIDI	et of	colu	mbia COU	titution: R	esidence be	fare admi	ssian)
b. CITY OR TOWN (I	If autside carporate limit	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TO		utside carpo	rate limits, wr	ite RURAL	and give r	nearest tav	vn)
Be the sda			5 days		Washing	gton			47	1 X - 3	3	
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET AD	DRESS						SIDENCE A FARM?
U. S. Nav	al Hospital				4311 AT	Lbema	rle S	treet,	N. V	1.		NO N
3. NAME OF DECEASED (Type or print)	Fire Willi		Middle Franci	s	TROY		4. DATE OF DEATH	Aı	Month oril		Day 7	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D B. I	DATE OF BIRTH			9. AGE (In v	ears IFU	NDER 1 YEA		
Male	Caucasian	WIDOWI			10-16-8	31:		last birthd	yrs. Mai	nths Days	s Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR	NDUSTR	Y 11. BIRTHPLA	CE (Stote o	ar foreign c	ountry)	1	2. CITIZEN	OF WHA	T COUNTRY
Auditor	king life, even if retired)		Insurance		Uor	nect	icut			U.S.	Α.	
13. FATHER'S NAME					14. MOTHER'S A	MAIDEN N	AME					
Daniel TRO	Y			1-1	Maggie	SUL	LIVAN					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT				Address			
No	In yes, give war ar acres or se	· · · icej		(S)	John W.	Tro	y, sai	me as	#2 at	ove		
Canditions, if a gave rise to it cause (a), stating lying cause lost.	mmediate DUE TO	c	hronie Bra Generalyse	un s	Uriose	Cero		ridil.	[Pena	*/	1 la	uh
ICATI			CONTRIBUTING TO DEA							V PART 1(o)	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (Enter nature of	injury in P	art I ar Pari	II of item 1B	.)			
Hour o. m. p. m.	Y Manth, Day, Yea	While of world	Nat while at wark	factor	OF INJURY (Ho y, street, affice I	bldg., etc.))			(Count)		(State)
21. I certify the alive an Apr	at I attended the	decease	ed fram April 9, and that a	2		to Ap	ril 7	, 19.	29_,the	at I last	saw the	deceased
dive dilaga.		_1 172.	Z, and mar (dearn a	correa at			reet, city or to				ed abave
ACTUAL SIGNATURE	(Visome	6.	Told		U. S.			spital	,			8-59
PAINCICIANIE	Jerome A. G	OLD,	LT, MC, US	SN M.D	Bethe			PETONI			T -	
220. BURIAL, CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEMET	TERY OR C				ION (City, to	wn or cou	inty)	(Sto	tel
REMOVAL (Specify) Burial	4-11-59		Fort Line					ington	, 01		D.C.	
23. EUNESAL DIRECTORY De Vol Fune:	ral Home, 2	224	ADDRESS		12		BY REGIST			S SIGNAT	URE	

may be retained by the fospital or attending physician.

O FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the handle page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the registror prior to burial, cremation, ar remaval, and is only event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after demand by coopital an attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the factor of the factor VS A15 (4) 15M 10/57

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4627 CERTIFICATE OF DEATH

04614

2021	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lawn)
RURAL and give nearest town) 29 MLO,	Baltimore 3VOI-4 &
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF ANCE ANOUR TOWN dation	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle AND	/ LA DATE
(Type or print) Helen Carrolls of	Tulloss OF DEATH DPril 3 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yours lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore md. 21.5 a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick L. Grafflin	molly Skinner
15. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes. give wor or dotes of service)	Spital Records and Family
18. CAUSE OF DEATH [Enter only one couse per line fgz-(g), (b), ond (c).	INTERVAL BETWEEN
33/X IMMEDIATE CAUSE (0)	ettmanhage ONSET AND DEATH
Conditions, if ony, which gave rise to immediate (b)	erosis green
cause (a), stoting the under. DUE TO lying couse lost.	moion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at wark	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) lory, street, affice bldg., etc.)
21. I certify that I attended the deceased from apr. 3-	, 1959, to afr. 3 - , 1959, that I last saw the deceased
alive an atras, 19 59, and that death	occurred at 221 M, from the causes and an the date stated above
ACTUAL SIGNATURE DE SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNED
PHYSICIAN'S NAME (Type)	no sangeof of the
220. PUBIAL, CREMATION 22b. DATE THEREO 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, toyen, or county) (A) (Flote)
turner am/6/24 × oull	on lan Balle 29-Mid
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10 6/11 4/11	- Ballone APR 6 '59 Cathury S. Hours

PROBLEM STATE DEPARTMENT OF HEAVY HE STATE CHARVES CERTIFICATE OF DRATH 1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4628

CERTIFICATE OF DEATH

04615

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Manyland MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Montageneral
b. CITY OR TOWN (If outside corporate limits, (write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Congressions Conformation	d. STREET ADDRESS 1955 Seminary Pd. 1955 Seminary Pd. 1955 NO D
3. NAME OF DECEASED (Type or print) To A 2	Lost SR. 4. DATE Month Day Yeor Text 12 DEATH A DATE 1955
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WHOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of wark dane during most af working life, even if retired) Clerk U. S. Gov*t.	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 21. S. G.
13. FATHER'S NAME Alfred a, Turner	Martha & fizabeth Frowler
(Yes, no, or unknown) I (If was give war or dates of service)	s Elizabeth A. Turner, 1955 Seminary Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. (c)	Ogs of Carries Character Trace
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10. (Enter noture of injury in Port I or Port II of item 18.)
208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	. (criter nature of injury in roft I or roft II of Hem 16.)
20c. TIME OF INJURY Manth, Day, Year Haur a. j1. p. m. 19 20d. INJURY OCCURRED While Not while of wark of ot work	CE OF INJURY (Home, farm. 20f. (City or tawn) (County) (State) tary, street, affice bldg., etc.)
21. I certify that I attended the deceased from dive on 1959, and that death actual signature PHYSICIAN'S NAME (Type) JOHN S. ROGERS	occurred at 2 M, fram the causes and an the date stated abave ADDRESS (Street, city or town, stole) A.D.
220. BURIAL CREMATION, PEMOVAL (Specify) 4/30/59 22c. NAME OF CEMETERY OR ROCK CREEK CE	
23. FUNERAL DIRECTOR'S SIGNATURE REY, INC. APPRESSED SPRING	NG, MD. 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OATE MAY 1 '59 CATHUR & KLOUB

ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be abached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sho the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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4.00	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. P						
/	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE Maryland	ed. If institution: Residence before b. COUNTY HOWARD			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Takoma Park.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate Clarksville.	limits, write RURAL and give ned			
-	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS				

Montgome	140	MARYLAND	o. STATE Maryland	villera occesse	b. COUNTY Howar		serore damission;
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo			nearest town)
RURAL and give n	rk.		Clarksvil	le.		13,	x_2 1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Sanitarium and	Hospital	Pindell	School	Read.		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Doy Yeor
(Type or print)			Van Vliet	DEATH	April 4.		19 59
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 🔼	B. DATE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UNDER 24 HRS.
Male	White wipow			959	yrs.	Months Do	ys Hours 45
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITIZEI	N OF WHAT COUNTRY?
			Maryla	nd		Amer	rica
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	Robert Thomas	Van Vliet	Virginia	Luci	lle Wrig	ht	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Addi		
no	() () () () () () () () () ()		father				
18. CAUSE OF DE	ATH [Enter only one cause per li	ne for (a), (b), and (c).]	0				NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	n gonital	mal ma	lfor	malin	, —	ONSET AND DEATH
750X	DUE TO	7	1	2 1			(
Conditions, if o	ony, which) (b)	Cer	reneell	Lale	12	100	48 mount
gave rise to i	immediate (-				
lying cause lost.							
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
O SIFE EITHER, NOTIFY	AS UNDERLYING 1 20b. DESIGN CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Part I or Par	t II of item 18.)		
20c. TIME OF INJUI	While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo tory, street, office bldg., e	rm, 20f. (City	y or town)	(Cour	nty) (State)
21 I cortific to	hat I attended the deceas	ad from Oldril C	(OR.	f 4 1059	4	
alive an	Muit 4 ro	-6	occurred at 6				saw the deceased
dilve dil	5	z, and mar deam	occorred di		treet, sity, or town		date stated above. DATE SIGNED
ACTUAL SIGNATURE	y droy So	sential,	MD 9210 Col	coell	e Polys	Quen H	Rung Ind
PHYSICIAN'S NAME (Type) SAT	dney Leventhal,	M. D.	9210 Cole	sville	Rd. Silv	er Spri	ing. Md.
22a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)	(State)
Cremation	4-4-59	Washington S	Sanitarium a	nd Hos	nital Tak	oma Par	k Md
23. FUNERAL DIRECTOR		ADDRESS	24a. RE	C'D BY REGIS		TRAR'S SIGNA	
Robert A.	Hare, M. D. Wa	shington Sanit	arium and Mo	sp. Ta	koma Park	, Mary	Londe
207532	3XV9			YAH e	59		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physician. TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by this period director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4629

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF o. COUNT			MARYLA	AND	2. USUAL RESID	Land	ere decease	d lived. If institution b. COUNTY	oni Residence Montgol	before odr mery	nissian)
	R TOWN (If outside carporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, write R	URAL and giv	e nearest le	own)
KUKAL	ond give neorest town) Bethesda		2 das. 18	hr	. Silve	er Sp:	ring	56			
d. NAME	OF HOSPITAL (If not in hospital,	give street			d. STREET A	DDRESS		1		e. IS	RESIDENCE A FARM?
OK INS	Suburban Hospit	tal			10707	Buck	nell I	rive			NO-E
3. NAME OF	Fi	rst	Middle		Lost		4. DATE	Mon	th	Day	Year
(Type or p		ca	D.		Van Wagi	ner	OF DEATH	4		3	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER 1		NDER 24 HRS.
Femal		WIDOWE			9/26/9	4		64 yrs.	Months D	ays Hau	rs Min.
10a. USUAL C	OCCUPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPL	ACE (Stote	or foreign c		12. CITIZ	EN OF WE	AT COUNTRY
	ost of working life, even if retired	0	wn home		Marv	land			U.	S.A.	
13. FATHER'S					14 MOTHER'S		IAME				
Tol	nn Thomas Davis				T.a.	ura L	อพรดท				
47	EASEDEVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. 17	NFORMANT	ul a z	angon	Add	ress		
(Yes, no or unkn		service)	Yes		Marchal	1 Ren	ta Var	Wagner,	Jr.		
No.	ISE OF DEATH [Enter only one co	(:-			Mai Silai.	I Dan	oa vai	, wagner,	01.	INTERVAL	BETWEEN
	ART I. DEATH WAS CAUSED BY:	ouse per in	h								ND DEATH
110	IMMEDIATE CAUSE (Follow	263	na.						Charge
47	493X DUE TO										
	Conditions, if ony, which (b) (b)										
	couse (a), stoting the under-										
	lying couse last. (c)										
O P	ART II. OTHER SIGNIFICANT CON										AS AUTOPSY REORMED?
3	1. peable me	llefu	說, 二二	Pa	ablumin	tina i	asses	se. 3.6	achen	YES YES	□ NO □
OR CON	CIDENT WAS UNDERLYING THE TRIBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of	finjury in I	Part I or Por	t II of item 18.)		'	
	OF INJURY Month, Day, Yeur a.m. p. m. 19	While	Not while		ACE OF INJURY (Fitory, street, office			or lown)	(Co	unty)	(Stole)
	ertify that I attended the			man	6 1059	2 to 3	Car	105	9 AL - A 1 La		
	01 "1										
alive o	on 2 Glask	, 192	2, and that c	iearn	accurred of:			n the causes of treet, city or town,		date st	DATE SIGNE
ACTUAL	IRE Servet	T. Fa	emble.		M.D. 929			ig frei	<,5	5 m	1 3 673
PHYSICIA NAME (T	AN'S SERUCH T. K	IMBLE									
	CREMATION, 22b. DATE THEREGAL (Specify) 4/7/59	OF	22c. NAME OF CEMET ARLINGTON N			ERY	ARLI	NGTON, V	RCINIA	(:	Stote)
	DIRECTOR'S SIGNATURE	INC.	ADDRESS D	PPT	NG. MD.	24a. REC'	D BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	IATURE	
130	noud a hiska	1110.	OTHANK C	L 26 L	110, 110	DATE AF	R 6 "	59 0	Thun &	4.	
	The state of the s								Comment of	HALL.	

HITAEL TO STADISMISS WERE TO SEE THE SHOP SHOW STREET, SAN THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COL S. C. STRUCK

4030 M TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death may be retained to the hospital or attending physician. TO FUNERAL DIRECTAL A: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
2.000	CEDTIEICATE	OF DEATH	

CERT	FICA'	TF OF	DEATH
CERT	III	IL OI	DEAIII

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery				
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Bethesda	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rethesda				
d. NAME OF HOSPITAL (If not in hospital, give street addr 5408 Lambeth Rd.	ess)	d. STREET ADDRESS 5408 Lambeth Road e. IS RESIDENCE ON A FARM? YES \(\) NO.\(\)				
3. NAME OF DECEASED (Type or print) ZULA	Middle W •	WARD 4. DATE OF DEATH OF DEATH OF DEATH OF 17 1959				
female white widowed	DIVORCED [8. DATE OF BIRTH 9. AGE (1/ years IFUNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (1/ years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10o. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired) At Home	D OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country) Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME ALBERT WALKER		14. MOTHER'S MAIDEN NAME SUSAN MARKLEY				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates at service)		RS. LOUISE W. HASKIN, DAUGHTER				
TA TANK	Pella Care	INTERVAL BETWEEN ONSET AND DEATH DEATH DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH D				
	Not while focto	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)				
21. I certify that I attended the deceased from						
BURIAL 4/20/59	210 022 021	CEM. WASHINGTON, D.C.				
23. FUNERAL DIRECTOR'S SIGNATURE JOSEPH Hawlers Son	2) Wash. 6,	D. G. DAAPR 20'59 Corthur & House				

	CHARGE OF DEATH	* 5. 5.
		TO THE TAX OF THE TAX
	2010 27 5	
		beds Lambeta in.
	TABLES/2 1281/2/2	Carrier Shall 6. 15
ABU	Washington, D.C.	opin da
	THE REPORT OF THE PARTY OF THE	STREET PERSON
	ONE MER. LOUISE . BASKIN, D	The same of the sa
		The sector control (sector) is
M.W.FO	S BYOY Wise meda Ave.	
COLUMN TO SELECT	Jiv. Byer Tisoonnin Ave.	MULEUM TOTALLY. TAKENING.

VS A15 (4) 1SM 10/57 050

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4631 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomes	PLACE OF DEATH O. COUNTY Montgomery MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia						
b. CITY OR TOWN	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Bethesda			28 days		Washingt	on		117	Y-3		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	give street	oddress)		d. STREET ADDRES	S			A		S RESIDENCE
	cal Center	Bet	hesda 14. Md		4453 B S	str	eet, S.	E.			ON A FARM?
3. NAME OF DECEASED	Fir	rst	Middle		Lost		4. DATE	Mon	th	Day	Yeor
(Type or print)	Ler	_ ed	Alan	- 19	Washingto	n	OF DEATH	Apri	ı	23,	19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED TO NEVER MARRIED] B.	DATE OF BIRTH		9.	AGE (In years last birthday)			UNDER 24 HRS.
Male	Negro	WIDOW	hand has	- 20	ecember 2.	19	905	53 yrs.	Manths	Days H	ours Min.
10a. USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLACE (S	tote o	r foreign coun	itry)	12. CITI	ZEN OF V	VHAT COUNTRY?
Laborer	and we creat it terried	' \ T	Inascertainal	ble	South	ı Ca	arolina	1		U.S.	A .
13. FATHER'S NAME					14. MOTHER'S MAID						
Frank Was	shington				Fannie S	bor	ings				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	PRMANT The M	led	ical Re	acord Add	ess		
No	It yes, give war or dates of s	ervice) 5			Clinical					Mary:	land
18. CAUSE OF DE	ATH [Enter anly one ca	use per li				-	,	0.1100.4			AL BETWEEN
	ATH WAS CAUSED BY:		lortic Insufi	fici	enew					ONSET	AND DEATH
023X	IMMEDIATE CAUSE (o	-	TOT OLG LIBOLE		ency						
	Condition if any units) Tractice Acestic Moleculation										
gove rise to	gove rise to immediate							-			
couse (o), stating lying cause last.	The under-										
	, 10		CONTRIBUTING TO DEATH	BUT NO	T PELATED TO THE TI	EDANINI	AL DISEASE C	ONDITION CIV	ENLINI BADT	14.110.1	AVAS ALITORSY
ATIO					THE TO THE T	LKWIIC	INC DISENSE C	ONDINON GIV	EN IN FAKI	P	ERFORMED?
PART II. OT	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury	in Po	ort I ar Port II	of item 18.)		118	S NO M
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)										
20c, TIME OF INJU Haur o. m.	RY Month, Day, Yea	While	Not white	factor	OF INJURY thome, y, street, office bldg.,	form, etc.)	20f. (City or	town)	(Co	ounty)	(Stote)
	hat I attended the		Massah O	6	, 19 59, to	Apı	ril 23	1959	that I le	ast saw	the deceased
alive on Apr	cil 23	19	59 , and that de	ath o	courred at4:4	5 A	M. fram t	he causes a	nd an th	e dote	stated above
	10	-	<u></u>					t, city or town,		0 0010	DATE SIGNED
ACTUAL	olle (10	les	M.E	The Clin	nica	al Cent	cer		4/	23/59
					National	L	nstitut	es of I	lealth		-21-21
PHYSICIAN'S NAME (Type)	John Oates.	M. I).		Bethesda	11	. Mary	rland			
220. BURIAL, CREMATIC	ON. 226. DATE THEREO		22c. NAME OF CEMETER	Y OR C				N (City, town, o	r county)		(Stote)
REMOVAL (Specify	4/28/59		Woodlawn				D.C				(5.5.0)
23. FUNERA DIRECTOR			ADDRESS		24a. 6	REC'D	BY REGISTRA	R 24b. REGIS	TRAR'S SIG	NATURE	
Xlenx	1. Hen	ay	30 H Stre	eet,	N.B. DATE	APH	2 7 59	and	hun S. 9	Thouse.	

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VS A15 (4) 15M 10/57

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ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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4632 **CERTIFICATE OF DEATH** (14621) Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY HONTGOMERY MARYLAND	a. STATE Washington b. COUNTY DISTRICT OF COL.
	b) CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Kensington	Washinston 47x-3 V
090	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
070	Kensington Gardens anitahun	195 COLVENT 21, 1, W. YES NO 19
	3. NAME OF DECEASED A First Middle	Lost 4. DATE Month Day Year
	(Type or print) GENEVIEVE E.	Waters DEATH 4 26 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Haurs Min.
	WIDOWED DIVORCED DIVORCED	2-20- 1 80 5 ALS
-	10a. USUAL OCCUPATION (Give kind of wark dane of lob. KIND OF BUSINESS OR INDU during mast of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or fareign country)
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
* /	Sh-10 11 before	Elizaback mic has
		INFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	wort Blabtone 5102 Ch Ch Plans
•	18. CAUSE OF DEATH [Enter only one cause per line for (a),-(b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	AILURE ONSET AND DEATH
di i	450 DUE TO	
	Canditians, if ony, which) (b) A The come	loss lend has my
	gave rise to immediate cause (o), stating the under-	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	lying cause last. (c) (c)	E Nill LA Typ
(1)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A TOPSY PERFORMED?
0	0	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRI 0 cr	ED. (Enter nature of injury in Part I or Part II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Haur a. m. While Not while for at wark at wark	octory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from \$12715	9.19 ta 4/21/59 19 that I last saw the deceased
	alive on LC 5 5 19 , and that death	B D
	The state of the s	ADDRESS (Street, city an town, state) DATE SIGNED
	ACTUAL SIGNATURE	how levine a Mh. 4/21/CE
1	PHYSICIAN'S AND ANEN, MIL.	
	NAME (Type)	J. Kaj
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22AA VICE CEMETERY C	OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)
	Burial Holl-38 MT. OL	WEI Washington D.C.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITTURE S. TITULE
1	MODERN DRUNGLI SON 1156 TO UL	Se TIW DATE APR & STORY

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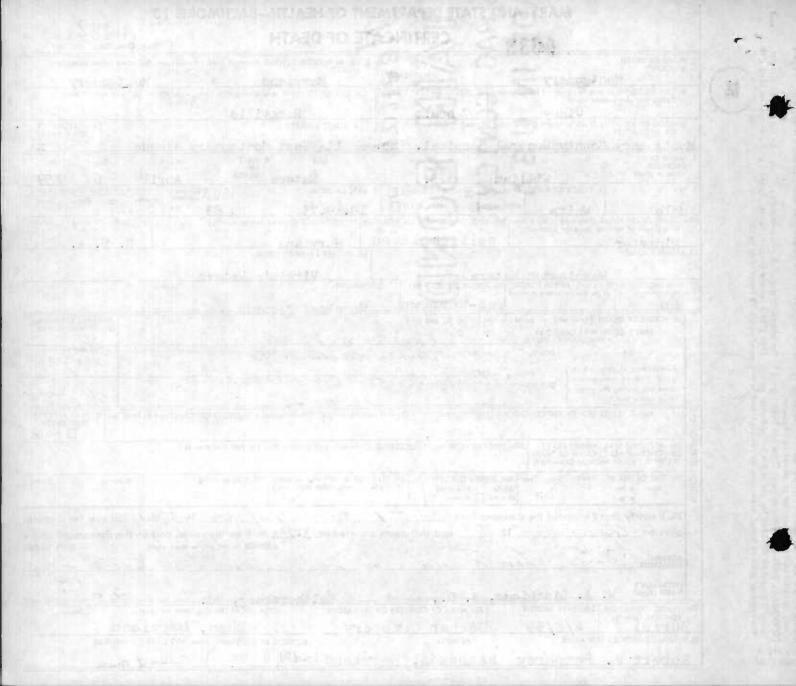
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or state of the second of the	ned by hospital or ottending physician.	DIRECT After this certificate has been signed by the attending physician and campletely filled in by the	70	prior to burial, cremotian, ar removal, and water event within 72 haurs ofter death.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

	CERTIFICATE O	F DEATH
1233	OFICIAL O	- DEALL

()4621 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLA	- 11	D. STATE	_		d lived. If institution b. COUN	ITY			
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь		arylan		rote limits, writ		Montg		
RURAL ond give n	Olnev		77 house	2	6					a one give		,
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	7 hours	60	d. STREET A		cville				e. IS F	ESIDENCE A FARM?
Montgomery	County Gen	eral	Hospital, I	nc	114	West	Monte	omery A	ven	me		□ NO-
3. NAME OF DECEASED (Type or print)	Fir	st	Middle		Los	it	4. DATE OF DEATH	٨	Aonth		Day	Year
5. SEX		liam	IED NEVER MARRIED		TE OF BIRTI	Waters	DEATH		pri		6	19 59 DER 24 HRS.
J. J.L.	U. COLOR OR RACE	The STORY			TE OF BIKI	п		9. AGE (In year lost birthdo:		onths Day		
Male	White	WIDOWE		_ 1	0/19/,	75			rs.	5 17		
during most of wor	DN (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (State of	or foreign co	ountry)		12. CITIZEN	OF WH	AT COUNTRY
Minister		S	elf employ	yed	Mar	vland				II.	S. A	
13. FATHER'S NAME		1449		14		MAIDEN N	AME					
	Washington	Tio to				III mai w	de Li-	+				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. INFOR	MANT	Virgin	HH WH		ddress			
(Yes, no, or unknown)	(If yes, give war or dates of s		s-Unknown									
	The francisco				osnit	al Pec	orda			-		
	ATH [Enter only one co ATH WAS CAUSED BY:	use per lin	ie for (o), (b), and (c).	<		00	0 -	0				BETWEEN ID DEATH
11 201	IMMEDIATE CAUSE (o	Sec. 15	eneby and	66.262	m of	To bet	8321 C	of a	626	0	21	
400.1	DUE TO	-	of correa	re. 1	Reca	mbos	250.			1	000	. 1
Conditions, if o			13	11		207	-	0		100	225	y co
gove rise to i couse (a), stating		6621	lineozeker	11-ting	Cas	rote,	17 66 2	Leilen				
lying couse lost.	the under-				alexa	dell					10.	PRIO
Z PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	VAL DISEASI	CONDITION	GIVEN	IN PART 10	1 19 WA	YZGOTUA
ATI			nen					CONDINOIT	OIVEIN	na i Uni ilo	PER	FORMED?
200. ACCIDENT WA	C LINIDEBLYING [7]	20h DESC		IDDED (F				11 (12 20 1			YES	□ NO 🖟
UF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3C	CRIBE HOW INJURY OCC	UKKED. (En	fer nature o	t injury in Po	ort I or Port	II of item IB.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Qoy, Yes	While of work	Not while	e. PLACE (factory,	of INJURY () street, office	Nome, form, bldg., etc.)	20f. (City	or town)		(Coun	ty)	(Stole)
21. I certify th	at I attended the	decease	ed from them of	-19	(19)	10/2/	1.11	/2 10	x-50	had I last	11	
alive on	1.0/2	10	for yearth		-10 40	2.25	7					e decease
dive dil	filosofis blade -	_, 12=	5, and that de	earn acc	urrea at						date sta	
ACTUAL	1/24/3	1	000		0/	11 7	IDDKE33 (SI	reet, city or tow	vn, stot	e) O		DATE SIGNED
SIGNATURE	71.00	THE	Received	M.D.	all	10-0	elyps	out bu	10	1223	Child	alizara.
PHYSICIAN'S NAME (Type)	A. Linth	icum.	М. р.		Cai	ithone	lhume	Ma		4	16/3	Jask.
220. BURIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEMETE	RY OR CRE	MATORY	thers	22d. LOCAT	ION (City, tow	n, or co	ounty)	151	ote)
Burial (Specify)	4/8/59		Goshen Cer	nete	P47		Gosh			land	(3)	
23. FUNERAL DIRECTOR	7/4/22		ADDRESS	nece.	y	24c REC'D	BY REGIST			AR'S SIGNA	TURE	
		D		Managa	1							
Robert A	Pumphre	A R	ethesda,	mary	Land	DATAPR	9 '59	_ a	rthus	8 16	101	



FOR STATE HEALTH DEPT.

Sgry, please Page files. ULTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necess the the certification within 24 haurs after death. If any delay is necessive the certification with the Pages 1, 2, and 3 to the funeral direction of the control of the formal medical Examiner's Office along with form PM3. Page 5 may be retained for yer ALE DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board designated agent, prior to berrial, cremation executions and in any event within 72 hours after death.

TO DEP	execu	4 sho	TO FUR	or ite
V3. 5A				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14622 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat town) Silver Spring 1 yre	c. CITY OR TOWN (If autside carporete limits, write RURAL and give nearest town) 56 Silver Spring							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2620 Newton St.	d. STREET ADDRESS / 2620 Newton St. o. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print) William David Webb Middle	Lost 4. DATE Month OF DEATH April 17, 1959 19							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 white WIDOWED DIVORCED	7/9/1885 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.							
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) machinest Navy yard	TRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME WILLIAM DAVID WEBB	14. MOTHER'S MAIDEN NAME GEORGIA V. STACKHOUSE							
IVes no as unknown) a titi us nive was as dates of a minut	NFORMANT Address rs. Louise N. Webb, 2620 Newton St.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (b), stating the underlying cause lost.	Silver Spring Maryland Silver Spring Maryland ONSE AND DEATH y occlusion sudden							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA. Hour o. m. While Not while foch	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)							
21. I certify that I took charge of the remains described abo apinian death resulted fram: Natural causes . Accident								
ACTUAL SIGNATURE From J. Brownhout	M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED							
EXAMINER'S FRANK J. BROSCHART	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 4/17/59							
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 4/20/59 22c. NAME OF CEMETERY OR POPLAR SPRINGS	S CEMETERY MT. AIRY, MARYLAND							
23. FUNERAL PRECTORS SIGNATURE HREY, INC. STLVER SPRIN	NG, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAPR 21 '59 Cuthur & Haus							

A STATE OF THE STA . The Egyptill & Landing C. Dynam Cartell and a factor of the Specimen of State of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14623 CERTIFICATE OF DEATH 4635 Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY ONTGOMERY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) ETHESDA THESDA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7602-GLENBROOK ROAD GLENBROOK ROAD YES INO NAME OF Middle Day DECEASED (Type or print) DEATH 19 3 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 9. AGE In years last birthday) Months Doys remale WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AUSTRIA HOUSEWIFE 13. FATHER'S NAME HEINBERG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MAS. SYLVIA BERLIN - 4206 COLUMBIA PIKE 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arcinomatosis IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cotse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) MEDICAL 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while of work of work p. m. 19.5 1. that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 101 10M, fram the causes and on the date stated abave. DIREC SIGNATURE PHYSICIAN'S AURICE MENSH 701-32 nd St N.W. Wach DC NAME (Type) FUNER, 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) NEW 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE NZANSKY + SONS- 3501- 1413 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4487 **CERTIFICATE OF DEATH**

	_()	4.6 No.	2	4
Reg.	Dist.	No.		

	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE								
	MONTGOMENY MARYLAND	b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and g RURAL and give nearest town)									
	Takona PK 15 days	Alexandria 83x-3	V							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE								
2	Washowston Santarium	214 W Alexandria QUE YES DINO								
	NAME OF First Middle	Lost 4. DATE Month Day Year	=							
	(Type or print) Rie hard Neal	Wheatley DEATH 4/ 15 19.59								
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS.	- Aller							
	Male white WIDOWED DIVORCED	3-10-29 lost birthday) Months Days Hours Min.								
Ī	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	1Y7							
1	ecrephinal Super us ardone.	Va Chow								
Ī	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-							
	Sydney Wheatley	Prosa Wilkins								
ī		NFORMANT Address	-							
	Ves army	Hospital Record								
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN	=							
1	PART I. DEATH WAS CAUSED BY: FV STATE U F TO THE TOTAL THE STATE OF TH									
	190.5 IMMEDIATE CAUSE (o) LASCINGTING THE CAUSE (c) LASCINGTING THE CA									
	Conditions, if any, which) by U/ceroting, Sloughing, mailianant									
	gove rise to immediate									
1	lying couse lost.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY	=							
2	Metastatic lesions of iloun, jeju	is um, gestric v/cer PERFORMED?								
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)	-							
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State))							
	P. m. 19 While Not while of work 10	inter, once blog., etc.)								
	21. I certify that I attended the deceased from Mark ch	15. 1957, to A 12 11 15, 1957, that I last saw the decease	ed .							
	1 15	accurred at 2 M, fram the causes and on the date stated above								
	x no x to 0	ADDRESS (Street, city or town, state) DATE SIGNI								
	SIGNATURE Malley 7. Theck	M.D. 770/ Correll Axenue 4/15,	15							
/	PHYSICIAN'S NALLY YLOUGH ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	THE DHIR MI								
	NAME (Typo) V/4)/366/V./VOCK	10Kome Terk 14/10								
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, tawn, or county) (State)								
	BURIAL TITIETA VERLINGION	NATIONAL ARLING TON CO. VA.								
2	3. FUNERAL DIRECTORS CONSTURE FUNERAL HOMESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
	ALEX HIDRIA, VA.	DATE APR 20'59 arithur & Harry								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be delacted for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 she the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter degree. VS A15 (4) 1SM 9/SS

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	Charles Tomas (150 April 16	
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eral director,

death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4636

(14625 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDE o. STATE	NCE (Where deceas	ed lived. If instituti b. COUNTY		fore admission)
b. CITY OR TOWN	(If outside carporate limits	, write c.	LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write R	URAL and give n	nearest town) /
RURAL ond give r			(0.1-	,,			1174	3
d. NAME OF HOSPI	ITAL (If not in haspital, gir	re street odd	62 hrs.	d. STREET ADI	ashingtor ORESS	1	4100	e. IS RESIDENCE
OR INSTITUTION						NT Y.Y		ON A FARM? YES NO W
	Suburban		ospital	1 5420 Co		IV. W.		
3. NAME OF DECEASED (Type or print)	First	ta	Middle D	Whitman	4. DATE OF DEATI	Mor Apri		Day Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years		R IF UNDER 24 HRS.
Female	White	WIDOWED [DIVORCED	7/8/	1886	lost birthday)	Months Doys	Hours Min.
100. USUAL OCCUPATI	ION (Give kind of work de	one 10b. KIN	D OF BUSINESS OR IND			country)	1 7 1	OF WHAT COUNTRY
during most of wo	rking life, even it refired)			100			77	(7) A
13. FATHER'S NAME	Housewife			14. MOTHER'S M	Ohio		U.	S.A
TO, TATHER S TRAME				I I I I I I I I I I I I I I I I I I I	AIDEN NAME			
	Unknown				Unknown			
(Yes, no or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of ser		CIAL SECURITY NO. 17.	INFORMANT		Add	Iress	
No		Non	e F	rancis S.	Whitma	n-Husba	nd-same	as 2d
	ATH [Enter only one country on the country of the c	se per line le	or (0). (b). and (c).]	nam (Thomas	1-874		TERVAL BETWEEN
1420.1	DUE TO			-			1	3 any
Conditions if				9				
Conditions, if a	immediate (· · · · · · · · · · · · · · · · · · ·			
couse (a), stating								
lying couse lost.								
PART II. OT	THER SIGNIFICANT COND	itions <u>con</u>	TRIBUTING TO DEATH BU	IT NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WOR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OCCURR	ED. (Enter nature of i	njury in Port I or Po	ort II of item 18.)		
T 20c. TIME OF INJU	IRY Month, Doy, Year	20d. INJU		LACE OF INJURY (Ho		ty or town)	(Count	y) (State)
Y 20c. TIME OF INJU Hour o. m.	10	While of work	1401 AUNG	octory, street, office b	ldg., etc.)			
p. m.		OI WOLK	of work	11 125	() ()	23 44		
21. I certify t	hat I attended the	deceased		18)_(,	to april	192	Lithat I last	saw the decease
alive an a	ful 23	, 195	, and that deat	h accurred at_l	A.M. fro	m the causes	and an the d	ate stated abay
	0	D	. 00 0		ADDRESS	Street, city or town,		DATE SIGNI
ACTUAL SIGNATURE	Lydrey	Te	venthay	M.D. 9210	Collegard	De Kd.	Wender of	is Ind
PHYSICIAN'S NAME (Type)	Sydney	Leven	thal	9210 C	olesvill	e Rd. S	ilver S	Spring, A
220. BURIAL, CREMATIC REMOVAL (Specify		2	2c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town,	or county)	(State)
Burial	4/28/59	A	rlington 1	National	Arl	ington,	Virgin	nia
23. FUISERAL DIRECTO	R'S SIGNATURE		ADDRESS		40. REC'D BY REGI		STRAR'S SIGNAT	
Kales RA	Deliner dels.	d Dad	handa Mar		ATE APR 2 8	'59 0	Inthun & H	tall &

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours, after death. VS A15 (4) 15M 9/55

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AND DESCRIPTION OF SHOWING THE	Mar Valu colesy	
	interest in a medical P	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4637 CERTIFICATE OF DEATH

()4626 Reg. Dist. No. 215

	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia												
	b. CITY OR TOWN (RURAL and give n	If autside carporate limi	ts, write	c. LENGTH OF STAY IN	ь	c. CITY OR TOWN (IF	autside carpo	orate limits, v	write RUR	AL and g	jive nea	rest tawr	n) 🗸
	Bethesda	(Rural)		Washington	21,		16	X - 6	2				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS						e. IS RES	IDENCE
	U. S. Naval Hospital 332 Winthrop Street, S. E. ON A FARM? YES NOT												
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE		Manth		Do	,	Year
	(Type or print)	Kar	en	Gail		YERKES	OF DEATH	1	Apri.	1	24	- 11	19 59
	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In lost birth					R 24 HRS.
	Female	Caucasian	WIDOW			1-24-59			yrs.	Manths	Days	Haurs 2	Min.
	10a. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	ar fareign o	country)		12. CIT	ZEN O	F WHAT	COUNTRY?
1	None					Bethesda	, Mary	land		U	.S.F	1.	
1	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	138				111	
Л	Herbert	J. YERKES				Florence E	lizabe	th DO	REMU	S			
1		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO	RMANT			Address	3			
	No	(If yes, give wor or dates of s		Ione	Hos	spital Reco	rds						
ľ	18. CAUSE OF DE	ATH [Enter anly ane ca	use per lis	ne far (a), (b), and (c).]							LINTE	RVAL BE	TWEEN
		ATH WAS CAUSED BY:	177 -	tal atelesta	agig						ONS	ET AND	DEATH
-	757.1	DUE TO				olycystic k	idneve	s. bil:	ater	9]			
1		Cadilian if any bit) magazanting normal argumation of displayarm											
Н	gave rise to immediate DUCTO												
	lying cause last.	The Unger-											
		HER SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEAS	SE CONDITIO	N GIVEN	IN PART	1(0) 1	P WAS	AUTOPSY
1	Dwg	naturity (1									1,0,	PERFO	RMED?
	20a. ACCIDENT W	AS UNDERLYING T		CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Part Lar Par	rt II of item 1	B.)			ira KA	NO []
	PART II. OT Pres 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,				
		RY Month, Day, Yes	r 20d. It	NJURY OCCURRED 20e	PLACE	OF INJURY (Hame, fare	n. 20f. (Cit	v or town)	-	10	ounty)	-	(State)
1	Haur a.m.	19	While	Nat while	factory	, street, affice bldg., etc	c.)	y or idwin		10	.ouniyj		(Signe)
			at war		1	FO A		211	EO				
1			deceos	ed from April 2		., 19.59 , to A	berr a	24, 19	9 29 ,1	thot I I	ost so	w the	deceosed
	olive on ApJ	11 24	_, 19_7	2_{-} , and that de	oth oc	curred ot 2:12					ne doi		
	ACTUAL /	744/11	A					treet, city ar					ATE SIGNED
1	ACTUAL SIGNATURE	Thilla	the	70	M.D.	U. S. Na	val Ho	ospita	1, N.	NMC		4-2	4-59
		H. L. WALTO		r, MC, USN		Bethesda	14, 1	Maryla	nd				
	220. BURIAL, CREMATIC REMOVAL (Specify) Burial	N, 226. DATE THEREO	F	22c. NAME OF CEMETER				TION (City, 1		county)		(State	e)
1			-	Gate of Hea	ven			rer Spi				Md.	
	23. FUNERA DIRECTOR	(1)	No.	ADDIES			'D BY REGIS		REGISTR				
L	R. A. Delevent	irby, Bythe	garden's	TATOS CONTINUES		DATE	APR 28	'59	an	thung a	8. 1h	Aus	
	20513	105XY4	7										

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